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ADDRESS.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO CHIRURGICAL COLLEGE.

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GENTLEMEN: You labored with commendable zeal during three long years before presenting yourselves as candidates for the degree of "Doctor of Medicine." Your curriculum did not embrace merely the seven fundamental branches, but you were obliged to con over diligently, and to pass an examination upon, not less than sixteen distinct branches of medical science. Hence, it is not praise, but mere justice, to say that you have earned the privilege which your diplomas will carry with them, viz., to practice the "Healing Art."

How natural, then, that the successes you have achieved should engender the liveliest feelings of pleasure and satisfaction! How natural that Commencement Day, with its showy yet impressive scenes, should be a proud and gala day!

In the life-history of every professional man the day of his graduation is an important period, nay, a sublime moment. But already, as you stand on the threshold of your career, you are confronted with questions that will exert a powerful influence for good or evil, according as they are rightly or wrongly decided.

The query, shall post-graduate studies be pursued during the fourth year, or shall the recent graduate enter at once upon the practice of medicine? is of vital moment. But, though you have taken the regular three-session graded course, I would say, continue with your practical studies for an additional year, either in this country or abroad; or, what would prove to be even more advantageous, a term as resident physician in one of our leading hospitals. Should neither of these paths be open to you, then I would certainly advise as many of you as can find it practicable to associate yourselves with some progressive physician for at least one year. The method of serving an apprenticeship before entering college is almost useless at the present day, as the fundamental branches are now taught largely, as they should be, in the laboratory and dissecting-room. It were vastly better to reverse the order of things; to study disease at the bedside; to examine and handle morbid specimens for a considerable period after graduating, under a competent practitioner, than to read medicine for the same period before entering college. The widest theoretical knowledge demands a corresponding amount of practical training, otherwise it is fruitless; and it is intelligible that the theoretical must precede largely the practical. Your theoretical knowledge is the raw material, which you must yet learn to spin with greater facility into the finished fabric with which to bind up diseased and tattered bodies. These recommendations I make to you from deep conviction, at the same time, however, stoutly contending that you have received, in addition to thorough theoretical instruction, as much practical training as is consistent with a three-session graded course of instruction.

"Shall I adopt a specialty?" is another

question demanding serious consideration. My own impression of this matter is that, after you have extended your knowledge of general medicine by years of study, and after you have had considerable antecedent practical experience, then, and not until then, should you take up a special field of practice, should you desire to become specialists. I point with satisfaction and pride to the fact that the members of the Faculty of the Medico-Chirurgical College who are specialists have pursued the course I have suggested to you, and how well they have succeeded I need not detain you to tell.

"Worthy life of man has one high aim." None among you could be censured justly for being ambitious of success. I trust that to all of you will come the desire to distinguish yourselves among your fellow-practitioners as well as among your fellow-citizens. However, lest an inordinate desire to become famous will tempt you to extravagant statements of results, let me admonish you, at the very outset, that the man who forges his results for the sake of enhancing his own reputation speedily meets his own just condemnation.

Again, in medical science, new truths are not allowed to go unchallenged; new opinions are not given credit without close scrutiny. You will, therefore, take no new-fangled ideas —and their name is "legion"—on trust, nor expect others to be more charitable toward you. If you will be truth-lovers, you will seriously search for the proof of any new fact that you may meet with; if you will be truth-tellers, you will found every new truth which you may give to the public or the profession on indisputable proof.

Gentlemen, if you would rise to commanding positions in medicine, you must constantly advance in knowledge of the path you expect to tread. This implies unremitting application to the study of books and cases. To my mind it is clear that one hour's careful, diligent observation at the bedside will increase your correct knowledge of disease more than many hours devoted to the reading of text-books. The habit of observing accurately the various phenomena of disease is the very first condition of success. The keeping of a tabulated record of your cases will be of immense importance to you, since it is by collecting clinical cases and comparing them with one another that new facts are constantly being brought to light. In order that you may make proper application of knowledge thus gained, you must seek to refer all facts to the natural laws governing them. With Francis Bacon, I would have you "Use your minds as a tool with which to hew out truth from the great quarry of nature and shape it into use for men." It may be truly said that medical science has, within the last quarter of a century, been born again, and yet, gentlemen, new discoveries are not to day rarely made by chance, but are of frequent occurrence, as the result of definite methods of research into the secrets of nature.

You will find much in the practice of medicine, as carried on by your seniors, that is outworn, and it remains with you to assist in reconstructing what is no longer approved, and, furthermore, to contribute your quota of earnest work for those who will come after. Do not, however, undervalue the ripe experience of physicians much older than yourselves, but aim, rather, to profit by the results of their thought and long observation. Doubtless the public good demands old doctors and young, the "caution of experience and the courage of hope." Moreover, it should be kept in remembrance that "Much of what we have we owe to the thought of the wisest and best of the generations of the past." From all this, it follows that every unknown fact which you may discover, either as the result of direct experiment or continued and varied observation, should be published by you in one of our leading medicals. Gentlemen, the properly-educated physician of to-day is a man of good scientific acquirements. The best course of study preparatory to entering a medical college, if you will pardon the digression, is not a literary nor classical one, but a scientific course. Indeed, the drift of human thought is more and more toward pure science and its application to human progress, and it is undeniably true that to the medical profession belongs the credit of having given to the world many of the choicest gifts of science. I am aware that not many years since religion stigmatized science as materialistic. To-day, it must be conceded that the demonstrations of science have been of the greatest service to the sacred cause of religion; and to science belongs the credit of having dealt materialism its death-blow. If anything be remaining now of the artificial barrier long since erected between science and religion, we may rest assured that

it will be razed to the ground by future scientific research and calm, dispassionate reasoning.

Sir Lawson Tait has said that "a physician cannot succeed except he know how to handle men and women as well as disease." This dictum is correct. The adroitness to say or do what is needful under all circumstances is but little less potent in securing patients than the highest degree of skill. On the other hand, the lack of business sagacity on the part of many physicians explains their inability to succeed. It is hardly possible that nature has endowed you with feminine tact, and yet you should enter upon your high calling furnished with the necessary means of security and defense, for it will be at the very outset that your deportment, conversation, and personal appearance will be most closely scanned by a critical public. Some among you will doubtless have a long-time wish for a few gray hairs, but if you will employ the best tailor in town; if you will observe proper dignity of manner; will be affable, without being unduly familiar; be energetic, making worthy use of every opportunity, then you will be able to dispense with that confidence which is generated by silvery locks.

But, my friends, in order to make a splendid victory an absolute certainty, strive not only to be physicians of worth, but men of worth and good character. And he who during the period of his young career commits no action contrary to the utmost rectitude, will, in the days of his maturity, be constantly gratified by the enjoyment of pleasure without enduring either physical or mental pain.

> "His purposes will ripen fast,
> Unfolding every hour;
> The bud may have a bitter taste,
> But sweet will be the flower."

Let it not be overlooked that good associates will prove a powerful factor in your efforts to rise to positions of influence and fame. History records numerous instances in which men have immortalized their names by having succeeded in connecting them with names that will last as long as our language. On the other hand, the physician who weighs himself down by the incubus of improper associates is either destitute of reason or voluntarily acting contrary to the dictates of wisdom; in short, he is little better than a fool.

Your ultimate success may not, however, be compassed by the speed of your progress early in life, though a prompt start is a very good thing; in the first place it is, as a rule, only the persevering student, aye, persevering for a life-time, who reaches the topmost round in the ladder of fame. In the second place, men, and more especially ambitious men, are frequently found to be "burning the candle at both ends;" they either fall by the wayside, victims of some self-induced fatal disease, or, owing to overstrain, are outstripped by those who observe more closely the laws of health. Human endurance has a limit, and no man has a right to exceed what nature has required by stipulation. It would seem to be the part of wisdom, then, for the busy family physician to give a little more careful consideration to the state of his health and a little less to his immediate reputation. Right here I should like to give you a little secret,—the best card you can play to attract patients is for you to keep up an appearance of vigorous health and prosperity. The public hates a complainer.

Your training has made you acquainted with the laws of health and their requirements, but I cannot turn from this question without warning you against the habitual violation of these laws, with the physical consequence of such a course; on the other hand, the man who has good health can, with firm resolve, meet the battles of life, even in the face of poverty, with success; but there are few men who could, as did Johnson, battle against poverty without and disease within all their lives.

Gentlemen, the spirit and purpose of acquiring a fortune is both laudable and natural, even in the physician. But when to the physician attaining riches is the cause of causes for which he is fighting, he will not rise to great eminence among professional men. I do not affirm or deny that sentiments of esteem and gratitude toward the family physician are not so generally entertained at the present day as in days gone by, but of the fact that the type of the true physician never has and never will change I am absolutely certain.

Whilst he should be thrifty and generous and not place a low estimate upon the value of his own professional services, his highest efforts should be ever directed to the improvement of his own skill, as well as the art and science of medicine.

As an accessory aid to your advancement, I would advise you to join early the leading

medical societies of the town or city in which you may reside. For the close student and the active participant in its deliberations, the medical society is a first-class educator. Membership in our best organizations is also a source of moral support as well as a protection. This is illustrated by the fable of the bundle of sticks, which when being divided were easily broken, but when bound together withstood all force from without.

Gentlemen, there are certain things which the physician should religiously and zealously avoid. He should never be unfaithful to information privately entrusted. The practicing physician is constantly brought behind the scenes of the family stage, where are exhibited the most hidden privacies of the home circle, while he also learns the motives that influence human action. Now, it matters not how humble the home, nor how pretentious, how degraded, nor how pure and honored, to communicate such secrecies to the physician is the sacred right of every patient, and none dare, through the physician, become patent to the public. Learn to keep your own secrets. Remember that the man who cannot keep his own secrets will hardly keep the secrets of others. The moment the physician is guilty of telling a professional secret to a third person, then if you represent each person by a perpendicular line (|||) it is known to no less than one hundred and eleven. "The tale-bearer revealeth secrets;" hence avoid gossip.

The young physician should shrink from entering the club-room Nearly one-half, and especially the better half, of the human family, is unfalteringly opposed to club-life. It is that half of the race with which you will have most to do that will be your main support, and whose favor you cannot afford to endanger. I am not altogether prepared to say whether or not our social and political clubs constitute a real danger to society, but, so far as concerns the practicing physician, I am convinced of the fact that they are not conducive to thrift, and in no wise aid him in securing independence. Finally, the worthy disciple of Æsculapius should avoid personalities when speaking of his fellow-practitioners. I am tempted to prepare your ears for the reception of some surprisingly kind statements, which will either reflect on your conduct or your ability, as the case may be; and these refreshing epithetical remarks will sometimes originate with members of your own profession. You will observe instances where physicians, living within reach of daily companionship, will be found not to be on friendly terms, and apparently all on account of the dismay and envy occasioned by their mere proximity to one another. Again you will observe men in the foremost ranks of our noble calling as "quarrelsome as the weasel." These facts, it must be confessed, constitute the blackest stigma which has fastened itself upon a small proportion (mark you, I say a small proportion) of a collective body of men whose conduct and practices are, in the main, wholly honorable. The question of the removal of this mark of disgrace which attaches to our calling appeals to the minds of its wisest and best men for calm consideration and decision, but with peculiar force to you, who are about to begin your medical career.

With all thought for the present, the future advancement of the ethic of our profession must not be overlooked, and especially by you, who are about to enter her portals. There is a system of principles, known as the code of ethics, concerning the physician's duty toward his professional brethren and the public, which code it will become necessary for you to study and adopt. Its aims are wise, generous, and just. Unfortunately, only physicians who are members of regular county, State, and national societies and several other leading organizations are liable to discipline on account of violation of the established rules of etiquette,—less than half of the whole body of the profession. It cannot be denied that many of those having no affiliation with these societies yet fill a conspicuous place in the public eye, and, at the same time, it must be confessed that some of the latter class have no mean sense of professional honor. The question, however, arises here, How are we to save those who are lacking in self-respect, in integrity, and in ability?

The difficulty cannot be remedied at a single blow, nor yet in a single decade. Indeed, it will only be remedied when there shall be fidelity on the part of every physician to the highest sense of duty; when nobler thoughts and purer motives shall prevail among men; when a finer spirit shall give us a professional code, though perhaps unwritten, that shall run no danger of being violated. To attain to a higher and better professional life should be the unceasing endeavor of all who claim to have the future interests of a noble profession

at heart, especially of recent graduates. The struggle may be long and hard, though it should be met. The most efficient means are to be applied in the direction of guarding carefully the gateway of entrance to our calling. If, for instance, each new recruit—such as I now see before me—were composed of men who, by early and professional training, were well grounded in principles and convictions concerning their moral duty, it might be accomplished in a single generation. A mighty responsibility is here seen to be resting on our medical colleges. I trust that I will not be overstepping the bounds of propriety when I say, as I honestly can, that your Alma Mater has been, and is, striving to indoctrinate principles of professional conduct that will keep her alumni in paths of righteousness and peace. But I would go so far as to urge that this and all other medical colleges should establish a special chair for the teaching of principles of medical ethics. Gentlemen, I should fall short of performing my duty on this occasion if I were to fail to ask earnestly that you be, from the outset, not only tolerant of, but charitable toward, your neighboring practitioners, and that you will, with great determination and unselfish readiness, from this moment support with zeal any movement intended to secure a higher tone of professional manners and morals.

ORIGINAL COMMUNICATIONS.

FOOD AND DIET IN HEALTH AND DISEASE, INCLUDING A REVIEW OF MANY PREPARED AND CONDENSED FOODS, TOGETHER WITH THE TREATMENT OF OBESITY AND LEANNESS.

By JOHN V. SHOEMAKER, A.M., M.D.

(Concluded from June number.)

WYETH'S BEEF-JUICE.

A LIQUID preparation is offered by John Wyeth and Brother, of this city, which they state contains all the albuminous principles of choice beef, together with the hæmoglobin in an unaltered and soluble form. The dose in which it is suitable for administration is given as half a teaspoonful or a teaspoonful to half a glass of cold or lukewarm water.

BENGER'S FOOD.

F. B. Benger & Co., of Manchester, Eng., furnish a number of excellent foods. That known as the pancreatized food is an improvement on the various forms of Liebig's food. When mixed with warm milk the pancreatic ferments which it contains render the starch soluble and transform the casein into a state analogous to that in which it exists in human milk. It is well borne by delicate stomachs.

BENGER'S PANCREATIZED LENTIL-FLOUR.

With the partially-cooked flour are mixed the digestive ferments of the pancreas. The flour may be substituted for the food in order to vary the diet. It is given in the same manner with milk or milk and water.

BENGER'S PEPTONIZED BEEF-JELLY.

The jelly is a concentrated, partially-digested, solidified, and palatable beef-tea. It can be taken cold as a jelly, by the teaspoonful, or dissolved in a little hot-water as a concentrated beef-tea.

BENGER'S PEPTONIZED CHICKEN-JELLY.

This is a similar preparation to the foregoing, and may be taken in the same manner.

BEEF PEPTONOIDS.

These are made in the form of a powder by the Arlington Chemical Company, successors to Reed & Carnrick, of Yonkers, N. Y. The preparation contains beef, milk, and gluten, partially peptonized, sterilized, and capable of being kept in any climate. It is said to consist of 95 per cent. of nutritious matter. It is palatable, of easy digestion, and has been adopted as a standard food preparation by the United States Army Medical Department.

LIQUID PEPTONOIDS.

This is a concentrated solution of powdered beef peptonoids, entirely digested, with just enough alcohol added in order to form a stable compound. Liquid peptonoids is agreeable to the taste, very nutritious, and is generally well borne by irritable stomachs. The dose for an adult is a tablespoonful three to six times a day, and to children in proportion.

A Correction in Prepared Food.—Wagner's Food, according to recent announcement, is a predigested milk food with the gluten of wheat; and in order to reach the necessary percentage of albuminoids digested meat-juice is added, as also the different salts necessary to make it, according to analysis, similar to human milk, no unnatural fats being added.

JOHNSTON'S FLUID BEEF.

This is an extract of beef combined with 20 per cent. of fresh beef, first reduced to an impalpable powder. It contains about 60 per cent. of albumen, gelatin, and fibrin, with about 15 per cent. of mineral matter rich in phosphates.

ALE AND BEEF PEPTONIZED.

Each bottle represents a quarter of a pound of lean beef thoroughly peptonized. The ale used is of an excellent quality, especially brewed for this purpose, from the best Canada malt and choicest new hops. The peptonized beef is prepared by Prof. Preston B. Rose, late of the University of Michigan. The compound contains all the albumen and fibrin of the beef, and has in addition all the nutritive properties of the malted barley. It is placed upon the market by the Ale and Beef Company, of Dayton, Ohio.

Rose's peptonized beef is not an extract, but contains both the albuminous and extractive constituents of lean beef. It can be obtained separately from Charles S. Baker & Co., of Chicago, Ill.

LEUBE ROSENTHAL'S BEEF SOLUTION.

This is similar in composition to the preceding, being made according to the published process of Professor Leube as modified by Ph. Rudisch. It represents lean beef with both its soluble and insoluble constituents, a portion of the moisture only being expelled. The insoluble constituents are reduced to a state of minute division, forming an emulsion and partially digested. It is acceptable to irritable stomachs, and may be procured from any of the wholesale druggists.

RUDISCH'S BEEF PEPTONES (SARCO PEPTONES).

This preparation is an excellent concentrated food, palatable and predigested. It is valuable as a nutrient, and frequently allays obstinate vomiting. It is put up in glass jars holding about 4 ounces, net, and closed with a cork and metal capsule. It is guaranteed to keep sound in any climate and to be uniform in quantity and quality. It is made by the Rudisch Company, of 317–319 Greenwich Street, N. Y.

BEEF-MEAL, BEEF CACAO, AND BEEF-JELLY.

I class these foods together, being products manufactured by the Mosquera Julia Food Company, whose agents for the United States are Parke, Davis & Co., of Detroit, Mich. These excellent nutrients were introduced by Mr. Mosquera, of Bolivia, who has applied the vegetable digestive ferment, papain, to the peptonizing of meat on a large scale, making a preparation of powdered beef, the proteid matter of which contains 50 per cent. of peptones. Beef-meal is, consequently, easily assimilated. It needs to be seasoned prior to administration. It constitutes, when properly seasoned, a palatable and valuable aliment. Beef-cacao is made by mixing equal parts of beef meal, sugar, and Dutch chocolate. Beef-jelly is especially adapted to weak stomachs.

BOVININE.

This raw-food extract has been widely employed since its introduction, in 1878. It consists of the juices of raw beef, expressed by a mechanical process without the aid of heat or acid, and is said to contain 26 per cent. of coagulable albumen. Bovinine is a highly concentrated food, and when acceptable to the stomach is productive of marked improvement in the class of cases to which it is adapted, which have been already indicated.

HÆMOGLOBIN COMPOUND.

This powerful reconstituent is due to the suggestion of Dr. F. E. Stewart, of Wilmington, Del., and is prepared by Messrs. Parke, Davis & Co. It consists of beef blood, extract of malt, glycerin, and spirit of wine. In addition to the properties of a beef and malt extract, it possesses those due to the presence of hæmoglobin. It is given in wineglassful doses several times during the day.

BANANOSE.

In the East and West Indies the plantain and banana constitute a large portion of the aliment of the natives. The nutritive principle of the banana is principally a carbohydrate, the starch of the unripe fruit being gradually converted into sugar during the process of ripening. The pulp of the ripe banana, however, contains nearly 5 per cent. of nitrogenous matter,—a larger proportion than is found in most farinaceous substances. In tropical countries the banana is eaten not only raw, but cooked in a variety of forms. Stanley, in his last expedition, was compelled to subsist for considerable periods chiefly upon the banana, and found, during two attacks of gastritis, that a light gruel made of banana mixed with milk was the only article which he could retain.

This fruit is now offered in the form of a powder, or flour, termed bananose, which affords an admirable means of supplying sugar to the system, while the combination with milk, at once palatable and well borne, secures the nitrogenous aliment demanded. This preparation should come into extensive use as an agreeable nutrient in weakened states of digestion. Bananose can be obtained from the Fruit Flour Manufacturing Company, of 42 Broadway, N. Y.

LACTO-CEREAL FOOD.

This is the name of a new preparation made by Reed & Carnrick, is pleasant to the taste, and nutritious and well suited to delicate stomachs. It is composed of powdered milk, sterilized and partially digested, dextrinated wheat, malted barley, cacao-butter, and manna.

MALT FOODS.

Various extracts of malt are made and serve a useful purpose in supplying calorifacient material to the system and contributing to nutrition. These preparations may also be combined with pepsin and pancreatin, and thus assist in the digestion of albuminous food. They constitute excellent vehicles for many tonic, alterative, and reconstructive drugs. Some forms are of the consistence of honey and sweet to the taste, while in others hops are added, the liquid subjected to fermentation, which may proceed until an alcoholic strength of 8 or 10 per cent. is obtained, being equivalent, in fact, to an ale. Some of the large brewing firms on both sides of the Atlantic have been recently elaborating such liquild "malt extracts" for medicinal use.

GENOIS'S EXTRACT OF MALT.

This is made by Mr. Lewis Genois, a well-known chemist of this city, by macerating well-malted barley in warm water for several hours. When the amylaceous material has been converted into dextrine and maltose, fresh hops are added and the infusion simmered at a temperature under 160° F., in order that the diastase and other albuminoids may remain unchanged. The resulting liquid is then subjected to fermentation until the percentage of extractive matter is equal to about 12 per cent., and that of alcohol to about 4 per cent.

MALTINE.

A substance bearing this name has been put forth by the Maltine Manufacturing Company. Maltine is a syrupy liquid of sweet taste, and is given with much benefit in cases to which a malt food is appropriate. Codliver-oil may be given very acceptably mixed with maltine, the taste and odor being very successfully masked. The oil-globules, also, are reduced to a state of very fine division.

THE KEPLER ESSENCE OF MALT.

This is an English preparation of about the same consistency as glycerin, and is virtually a saturated solution of diastase and the natural phosphates as they exist in barley-malt. The liquid lacks the intensely sweet taste which is objectionable to some persons. It combines intimately with codliver-oil, so much so, indeed, that oil-globules are said to be invisible under the microscope.

PRE-DIGESTION OF FOOD.

To the earnest advocacy of Dr. William Roberts, of Manchester, England, the profession is indebted for a clear conception of the great value of the partial digestion of food before administration. The process can be performed extemporaneously in any household, and is an inestimable boon in cases of profound debility of the digestive powers. The following directions are given by Dr. Roberts:—

PEPTONIZED MILK.

A pint of milk is diluted with ¼ pint of water and heated to a temperature of about 140° F. (or the diluted milk may be divided into two equal portions, one of which may be heated to the boiling-point and then added to the cold portion); the mixture will then be of the required temperature. Two or three teaspoonfuls of liquor pancreaticus, together with 10 or 20 grains of bicarbonate of sodium (about half a small teaspoonful), are then mixed therewith. The mixture is then poured into a covered jug and the jug is placed in a warm situation, under a cosey, in order to keep up the heat. At the end of an hour, or an hour and a half, the product is boiled for two or three minutes. It can then be used like ordinary milk. By skimming the milk beforehand and restoring the cream after the final boiling, the product is rendered more palatable and more milk-like in appearance.

PEPTONIZED GRUEL.

A well-boiled, thick, and strong gruel, prepared from any of the farinaceous articles generally used for that purpose (wheaten flour, oatmeal, arrowroot, sago, pearl barley, etc.) is poured into a covered jug and allowed to cool

to a temperature of about 140° F. Liquor pancreaticus is then added in the proportion of a tablespoonful to the pint of gruel and the jug is kept warm under a cosey, as before. At the end of a couple of hours the product is boiled and, finally, strained. This preparation is not generally acceptable to invalids, but may be used in conjunction with peptonized milk as—

PEPTONIZED MILK-GRUEL.

First, a good, thick gruel is prepared from any of the farinaceous articles above mentioned. The gruel, while still boiling hot, is added to an equal quantity of cold milk. The mixture will have a temperature of about 125° F. To each pint of this mixture, 2 or 3 teaspoonfuls of liquor pancreaticus and 20 grains of bicarbonate of sodium are added. It is then kept warm in a covered jug under a cosey for a couple of hours, and then boiled for a few minutes and strained. The bitterness of the digested milk is almost completely covered in the peptonized milk-gruel.

PEPTONIZED SOUPS, JELLIES, AND BLANC-MANGES.

In order to vary the regimen and increase its palatability, Dr. J. Milner Fothergill describes* other peptonized dishes which may be prepared. A soup may be made by using peptonized gruel, which is quite thin and watery, instead of simple water, for the purpose of extracting shins of beef and other materials employed for the preparation of soup. Jellies can be made by simply adding the due quantity of gelatin or isinglass to hot peptonized gruel, and flavoring the mixture according to taste. Blanc-manges may be made by treating peptonized milk in the same way and then adding cream. In preparing all these dishes the operation of peptonizing the gruel or the milk must be completed, even to the final boiling, before adding the stiffening ingredient.

PEPTONIZED BEEF-TEA.

Half a pound of finely-minced lean beef is mixed with a pint of water and 20 grains of bicarbonate of sodium. This is simmered for an hour and a half. When it is cooled down to about 140° F., a tablespoonful of the liquor pancreaticus is added. The mixture is then kept warm under a cosey for two hours and occasionally shaken. At the end of this time the liquid portions are decanted and boiled for five minutes. Beef-tea prepared in this way is rich in peptone, and its nutritive value in regard to nitrogenized materials is about equivalent to that of milk. When seasoned with salt it is scarcely distinguishable in taste from ordinary beef tea. As a convenient method of peptonizing milk, Messrs. Fairchild Bros. & Foster, of New York, have now on sale "peptonizing tubes," each of which contains sufficient extractum pancreatis to peptozone 1 pint of milk.

KUMYSS.

Kumyss or milk-wine, originally made by the Tartars by fermenting mares' milk, is now prepared on a large scale in this country from pure cows' milk. The sugar of the milk is partially converted into lactic acid, carbonic acid, and alcohol. The albuminoids are in part peptonized, while the unpeptonized remainder exists in a state of fine division, which can be readily acted upon by the digestive fluids. Kumyss, therefore, differs in composition and alcoholic strength according to the stage of fermentation. This liquid stimulates the secretion of gastric juice. In summer it exerts a diaphoretic and in winter a diuretic influence. It gently stimulates the kidneys. Kumyss increases the force and frequency of the pulse; slightly increases the respiration. It has a tonic effect upon the heart-muscle, and the muscular system in general. Kumyss augments the proportion of fibrin and hæmoglobin present in the blood, and promotes an increase of flesh and weight. It is deservedly esteemed as a combined stimulant and nutrient, very beneficial in wasting conditions, and, from the carbonic acid which it contains, efficacious in allaying irritability of the stomach. Kumyss possesses decided value in the treatment of pulmonary consumption and other forms of tuberculosis. It is equally of service in the various manifestations of scrofula and in rachitis. In chronic bronchitis it is beneficial by increasing the respiratory movements, and by favorably modifying the bronchial secretion. Cough is ameliorated. Asthmatic patients, likewise, are often improved by the ingestion of this fluid. In chronic enteritis and gastro enteritis the use of kumyss is attended by excellent results. It has been used with signal advantage in cholera infantum, typhoid fever, anæmia, aud chlorosis. Kumyss is a serviceable remedy in diabetes and

* Indigestion, Biliousnes, and Gout in its Protean Aspects. Part I. By J. Milner Fothergill, M.D.

in Bright's disease. It aids in the maintenance of nutrition in late syphilis. This agent has a good effect in menstrual irregularities dependent upon lowered nutrition, in neurasthenia, and convalescence from severe maladies.

In excessive irritability of the stomach, kumyss serves a double purpose. It checks vomiting and retching, while it affords pabulum to the exhausted system.

Kumyss may be made at home, according to the following directions of the late Prof. S. W. Gross: "Dissolve ½ ounce of grape-sugar in 4 ounces of water. Dissolve 20 grains of yeast-cake in 4 ounces of milk. Pour both into a quart bottle and fill nearly to the top with milk. Cork tightly, fastening the cork with wire. Put into a cool place and shake two or three times daily for three days. Keep for use no longer than six days. A champagne-tap introduced through the cork is necessary. Kumyss contains about 16 per cent. of alcohol."*

KUMYSGEN.

Under the name of kumysgen, or Carnrick's kumyss tablets, Messrs. Reed and Carnrick offer a preparation by which kumyss can be readily generated whenever desired. From the mode in which it is put up it will keep indefinitely. It is made from fresh, sweet milk, and contains fully 30 per cent. of finely-subdivided casein. To make kumyss the following directions are given: Place 12 kumyss tablets in a clean bottle holding 12 ounces. Fill the bottle within an inch of the top with cold water and stopper it tightly. The common beer-bottle with a rubber stopper is very convenient. Lay the bottle on its side and shake occasionally until the tablets are dissolved, which occurs in fifteen or twenty minutes. Before opening the bottle it should be placed on ice for a short time. If further fermentation is desired, the bottle is kept in a room of ordinary temperature for two to four days. Kumysgen is now also put up by the manufacturers in the form of a powder. An even teaspoonful of the powder suffices to make a fluid ounce of kumyss. To prepare the beverage three tablespoonfuls of the powder are placed in a glass which will hold about half a pint, a tablespoonful of cold or ice water added, and the mixture is rubbed to a paste with a spoon. Water is then added rapidly, with constant stirring, until the glass is full. The liquid should be drunk immediately. Another method of preparing kumyss from kumysgen powder is to fill a siphon kumysgen bottle (one of which is supplied with every three bottles sold) nearly to the line with ice-water, add eight tablespoonfuls of kumysgen and shake the bottle until the powder has dissolved. The kumyss can then be drawn simply by turning the tap. By a third mode water of ordinary temperature is placed in the kumysgen bottle, which is then laid upon its side for three or four days, at a temperature of 75° to 80° F. Prepared in the last manner the liquid needs to be cooled before it is used. The nutritive value of kumyss made from kumysgen powder may be increased by employing equal parts of milk and water, instead of water alone.

THE TREATMENT OF LEANNESS AND OBESITY.

Individual variations from the general type of nutrition are common. While some people are annoyed on account of their deficiency in adipose tissue, others are seriously embarrassed by the load of fat which they are forced to carry. Though the generation of fatty tissue principally depends upon the habits of diet and exercise, idiosyncrasy certainly is often a factor. We constantly see thin people who are enormous eaters, and corpulent men who consume but little food. In one the accumulation of flesh seems impossible, in another everything makes fat.

LEANNESS.

Leanness is very distinct from emaciation, in which both adipose and muscular structures waste. The former condition is consistent with the most perfect health or even vigor. Muscular activity is, as a rule, incompatible with the accumulation of fat. Athletic training, early begun and systematically carried out, will develop big bones and big muscles at the expense of fat, or may produce a man of small bones, but active and "wiry" muscles, "as hard as nails." This accounts for the origin of the saying, "a lean horse for a long race."

A sufficiency of fat to round off obtrusive angles of face and figure is, however, desirable from the æsthetic point of view, especially for women. The effect of a beautiful face is marred by a meagre figure.

Excessive activity of either mind or body,

* Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D.

and, above all, suspense, dread, and anxiety, prevent accumulation of fat. With the athlete, the laborer, or the student, rigid work requires the food-supply to be directed to the nourishment of the muscular and nervous systems, and it is not deposited as a comparatively inert substance. The out-of-door man generates heat by his activity. The sedentary person likes a warm room.

Temperament undoubtedly has an influence in the production or waste of fat. The placid, unruffled person becomes corpulent upon little food. The eager, anxious man, ever on the alert, wears himself to skin and bone. Those who wish to gain flesh should, therefore, cultivate tranquility. If our emotions were held more under the control of our reason, we should realize how much needless trouble and apprehension we allow ourselves to suffer. The effect of mental activity is noticed by Shakespeare when he makes Cæsar say :—

> "Let me have men about me that are fat;
> Sleek-headed men and such as sleep o' nights;
> Yond Cassius has a lean and hungry look;
> He thinks too much: such men are dangerous."

Indolence predisposes to corpulence. I cannot venture to recommend indolence to any one for any reason whatsoever, but the lean are generally quick and agile in their movements, and may safely be counselled to restrain their activity within moderate bounds. They should also indulge themselves in abundant sleep.

As already intimated, however, the most effectual method of gaining flesh is in the consumption of as much fat and fat-forming food as can be digested. Lean people, active and nervous, can often take a fourth meal or lunch with advantage. In addition to animal fats and vegetable oils, much of the starch and sugar of our food is, or may be, transformed into fat. Alcohol has, likewise, some effect in encouraging the accumulation of flesh. In the suggestions which follow, I shall premise that the digestive power is at least up to the normal standard, and shall confine my remarks almost exclusively to the dietetic regimen. If the digestion is weak, that may, in itself, indicate the cause of the leanness, and may require to be strengthened by appropriate medicinal means. My remarks, however, chiefly concern those who, though lean, are in perfect health. If, as often happens with such people, there is a natural distaste for fat food, they should seek to overcome their repugnance. Much may be done in this way by resolution and habit. Such articles as are most palatable can be used at first, and as one becomes accustomed to their use the list may be extended. Butter, for instance, is acceptable to most, and it should be used freely; farinaceous substances, such as wheaten flour in its various modes of preparation, oatmeal, Indian corn, hominy, mush, rice; preparations like corn-starch, sago, and tapioca; vegetables rich in starch, as peas, beans, white- and sweet- potatoes are generally acceptable, are nutritious, and promote the accumulation of fat. Substances rich in vegetable oil act in the same direction. Olive-oil is relished by many to whom the animal fats are abhorrent. A taste for olives, if not natural, may be acquired and this fruit taken at dessert. The nuts furnished for dessert also abound in oil. The almond, walnut, filbert, hazel-nut, and hickory nut are pleasant additions to a repast. The edible portion of the cocoa-nut contains about 70 per cent. of fatty matter. The homely ground nut need not be forgotten, and can be taken between meals by way of lunch. Chocolate should replace, as far as possible, tea and coffee as a beverage. Sugar and saccharine preparations, as molasses and honey, should be liberally consumed by those who wish to accumulate flesh. After a time one may attempt the use of fat meat. A little of the fat should be eaten along with the lean, and in most cases a taste can gradually be acquired. In fact, a meat which has the proper degree of fat is more juicy and savory than lean flesh, and, as a matter of taste, may come to be preferred. It is a good plan to eat a little bacon at breakfast two or three times a week. Cream is another drink which should, for the most part, be preferred to coffee or tea. The marrow of soup bones contains much fat, and is often relished by those who have no fondness for any other form of fat meat. Calves' liver, which contains about 6 per cent. of fat, is richer than lean meat. Some fish are fattening, either directly on account of the large proportion of fat which they contain or by reason of the manner in which they are put up, or for both causes combined. Among these may be mentioned sardines, eels, mackerel, herring, cod, salmon, and the Russian caviare. In connection with fish, I may appropriately speak of codliver-oil. Though scarcely to be esteemed a table delicacy, it is, nevertheless, a true alimentary sub-

stance, and is an excellent fattener. It may, as has been said, be acceptably given in maltine, which at the same time disguises the taste and aids the effect. The moderate use of malt liquor can also be recommended to the lean.

I have enumerated the various carbohydrates and hydrocarbons upon which we may depend in our efforts to secure a plumpness of outline. The list is a sufficiently long one, and furnishes an abundance of fat, together with an adequate proportion of albuminous constituents. From a study of the various foods above indicated, any one can easily compose a bill of fare which, though constructed upon a uniform alimentary principle, shall avoid a tiresome uniformity of dishes. I may simply add a few words concerning fruits. Acid fruits had best be avoided, but those which contain a large percentage of sugar may be eaten. Those usually provided for dessert—figs, dates, grapes, raisins, and bananas—belong to the latter category.

OBESITY.

If some are anxious to grow stout others are no less desirous to lose flesh. Of the two extremes leanness is preferable and most compatible with health and comfort. Obesity, if not in itself a disease, approaches the boundary-line. The excessive deposit which we witness upon the exterior accumulates also within the natural cavities, and the viscera are mechanically embarrassed in the performance of their functions. The heart is overburdened and weakened, the respiratory function is retarded, and thus the process of oxidation is doubly impeded. The liver is inactive and the blood laden with products of disintegration. Exertion becomes a toil, the weight increases, and the very excess of fat favors further deposit by diminished loss of heat and deficient oxidation. Obesity has been shown to be a cause of sterility. Obese women are very likely, if they become pregnant, to abort, and when they carry the product of conception to term the child is generally deficient in vitality. The oppressed condition of the circulatory apparatus at length leads to actual fatty degeneration of tissue.

The treatment of obesity must consist in stimulation of oxidation and restriction of the diet. We must beware, however, of beginning our course with too much energy. A course of massage may very usefully inaugurate the management of the case. This practice tends to the removal of superfluous fat, promotes the vigor of the muscular system, and paves the way for active physical exercise. Light bodily exercise should be taken, and should be gradually made more severe. Corpulent people are seldom good walkers. They must be instructed to gradually lengthen their promenades. In time they must be encouraged to short calisthenic exercise, by the Indian clubs, for instance, preferably in the open air. Horseback exercise will aid in carrying out the treatment. As the muscles become firmer and respiration more active, out-of-door pursuits can be followed for gradually-lengthened periods. The bicycle may often be resorted to with advantage. Warm baths, even the Turkish bath, if the condition of the heart offer no contraindication, aid in the reduction. Sometimes the cold bath is useful by increasing oxidation. The clothing should be light.

Changes in the diet, like the increase of exercise, should be made with caution. If the individual is a hearty eater he should be directed to curb his appetite and gradually diminish his repasts. In discussing the mode of acquiring fat, I have, by inference, indicated the manner by which it is to be reduced. Articles containing much fat, starch, or sugar must be very temperately consumed. Fat meats, cream, butter, vegetable oils, nuts, fat fish, farinaceous substances and preparations, fruits which contain much sugar, beer, ale, and sweet wines should be taken in diminishing quantities. As little milk as possible should be used, and it is best skimmed. Saccharin may be substituted for sugar in coffee and tea. No chocolate should be permitted. The diet may be composed of the following articles: lean meat, poultry, game, eggs, green vegetables, and acid fruits. Not much bread should be eaten, but gluten-biscuits may be employed as a substitute. In most cases it is better to abjure alcohol, but, if this cannot be done entirely or at once, bitter ale, sherry, or spirits are the least objectionable drinks.

By following such a combined hygienic and dietetic course, it is generally possible to effect a gradual reduction of flesh. The regimen which I have marked out in a general way can be particularized in the form of a diet-list, which should be rigorously and perseveringly followed. I will merely repeat, in conclusion, that change in habits of life and diet should not be too abruptly made.

The dietary by which, after other means had

failed, Mr. Banting succeeded in reducing his weight from 202 to 156 pounds in about a year's time, may be cited by way of appendix to this paper :—

Breakfast, at 9 A M. Five or six ounces of either beef, mutton, kidneys, broiled fish, bacon, or cold meat of any kind, except pork or veal; a large cup of tea or coffee (without milk or sugar), a little biscuit, or 1 ounce of dry toast, making together 6 ounces of solids and 9 of liquids.

Dinner, at 2 P.M. Five or six ounces of any fish except salmon, herring, or eels; any meat except pork or veal; any vegetable except potato, parsnip, beet-root, turnip, or carrot; one ounce of dry toast; fruit out of a pudding not sweetened; any kind of poultry or game, and two or three glasses of good claret, sherry, or Madeira,—champagne, port, and beer forbidden,—making together 10 to 12 ounces of solids and 10 of liquids.

Tea, at 6 P.M. Two or three ounces of cooked fruit, a rusk or two, and a cup of tea without milk or sugar,—making 2 to 4 ounces of solids and 9 of liquids.

Supper, at 9 P.M. Three or four ounces of meat or fish, similar to dinner, with a glass or two of claret or sherry and water,—making 4 ounces of solids and 7 of liquids.

Other dietary systems have been proposed. The method of Ebstein allows the patient a definite quantity of fat daily, from 2 to 2½ ounces in the form of bacon or butter. The presence of a small quantity of fat favors the assimilation of the albuminoids. Foods containing much starch or sugar are forbidden.

Oertel has devised a regimen by which fluid is, as far as possible, withdrawn from the circulation and general system. Oertel's plan is recommended as of special value in cases attended by fatty degeneration of the heart. Schweninger adopts the diet-list of Oertel, but allows an abundance of fluid to be taken,—not, however, with the meals, but after an interval of two hours. Germain Sée advocates the free allowance of water, upon the ground that digestion is facilitated by the presence of fluid. He also advises the free use of tea and coffee, both during and between meals. Kisch, of Marienbad, argues that a liberal ingestion of cold water is useful in obesity by encouraging oxidation.

It is unnecessary to set forth in any further detail the various diet-lists which have been suggested, since the principles upon which they must be constructed have been already considered.

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*OBSTETRICS IN PRIVATE PRACTICE FOR THE PAST DECADE.**

By E. P. BERNARDY, M.D.

IF we look over our medical journals, or our society reports, we will readily obtain full reports of obstetric work done in maternities, but, with one or two exceptions, the reports of private obstetrical work are disappointing. Will not the work of obstetrics in private practice compare with that of maternities?

Certainly the results obtained at present in the maternities as compared with those of the early part of the past decade seem marvelous, and so it is in private work—our results have been decidedly better since antisepticism and asepsis have been taught.

Is it essential to carry out antisepticism in private work as is done in maternities? In hospital work it is absolutely essential not only to carry antisepticism to its highest degree, but also asepsis, for antisepsis without careful asepsis becomes neutral. In hospital obstetrics the patients are confined in one or two, at the utmost three, rooms; there being a large number—three or four hundred—during the year, the air, the woodwork, etc., become contaminated, and render the patient more apt to contract the unfortunate sequelæ of the lying-in.

In private work the patients are scattered throughout the city or the country towns; each one has a different surrounding, and is not placed in an atmosphere contaminated by hundreds of previous confinements; therefore, I am certain that in private obstetrical practice, if asepsis is carefully and critically carried out, it will, in the majority of cases, do away with antiseptics. The late Dr. A. H. Smith struck the keynote of success in obstetrics in one word —"cleanliness"—cleanliness carried to the highest degree.

How often do we see the most careful work destroyed by simple neglect in not examining the nurse's hands and finger-nails, the syringe used in giving vaginal injections, etc.—a sort of let-go-easy style, or take it for granted. Obstetricians should take nothing for granted,

* Read before the Philadelphia County Medical Society, February 24, 1892.

but should satisfy themselves by personal examinations. I am certain that patients are made to suffer unnecessarily by neglect in looking carefully after the smaller details.

Some two years ago, I was called to attend a patient in labor. The child and secundines were delivered and laid between the woman's thighs, the cord was tied and cut, and my hands did not in any way come in contact with the genitalia of the patient; within forty-eight hours the temperature rose to 102°, with fever, sensitive abdomen, and offensive lochia. I ordered hot vaginal douches of 1 : 4000 biniodide of mercury, and other necessary medicine. On my next visit I arrived just as the so-called nurse was about to administer a vaginal douche; one glance at her hands was sufficient to account for the patient's condition. If the face of the nurse had been covered and her hands held out, it would have been almost impossible to have stated whether they belonged to a negress or a white woman. A visiting nurse with clean hands was placed in charge of the patient, and the dirty hands relegated to the outer door.

This case is in no way exaggerated, and I am certain that many others have had a similar experience. We are to be congratulated that the old nurses—formerly washer-women, laundry-women, and cooks — are fast disappearing, and that our patients are understanding more clearly the necessity of having "good nursing."

The antiseptics used in the following series of cases were: Carbolic acid, corrosive sublimate, and the biniodide of mercury. Carbolic acid I soon threw aside as useless; corrosive sublimate being introduced in the early part of the past decade, I used it freely, and, while I never had any bad results in my practice, the reports of cases of poisoning by its use soon made me circumspect about it. I naturally searched for a safer preparation, with the result of presenting to the obstetrician the biniodide of mercury in combination with iodide of potassium. Since first using it (1885) I have seldom used any other antiseptic, as I find it fulfills all necessary requirements without the danger of the other mercurials. I have used it freely, been lavish in its use, and the results have always been good.

In the use of creolin I have had no experience, having no confidence in it as an antiseptic. In a series of experiments, made about two years ago in the chemical laboratory of the Jefferson College, with Dr. A. Jacob, its value as such seemed to be neutral.

Antiseptic vaginal douches were not given before or during the act of labor; no injections of any kind were given if the case pursued its natural course; the moment fever or elevation of temperature occurred, or the lochia became offensive, antiseptic injections were used freely. Vaginal douches were always given after forceps deliveries, and continued for several days. In version, where the hand and arm were introduced in the maternal parts, vaginal douches were employed. In craniotomy, after the head was opened and the brain-matter broken, the *débris* was washed out with hot antiseptic douches; on extraction of the child a liberal douching of the vagina and uterus was given.

The preparation of patients during pregnancy was simple. Pains were taken to impress upon them the necessity of extreme cleanliness, bathing once or twice a week, with change of under-linen, and out-door exercise up to the last moment.

Whenever there existed the slightest indication of renal trouble, the urine was examined; if found acting improperly, or if there was present either albumen or sugar, the patient was placed under treatment, and the urine examined weekly. I am satisfied that in several cases, by adopting the above precautions, I have been able to avert complicated sequelæ.

When labor set in, the bedding was prepared with fresh linen, not (as often occurs) with old clothing taken from closets where it has lain for months, if not years; everything surrounding the patient was made as clean as possible.

In the third stage of labor, or the stage of the expulsion of the placenta, a vessel (generally a clean night-vase) was held against the lower thigh, the patient lying on her side—if on her back, the vessel was held back of the vulva between the thighs—and the placenta and secundines were caught in the vessel, thus preventing unnecessary soiling of the bedding. On completion of the labor the patient's genitalia were washed and her limbs cleansed of any blood. If any tear of the perineum occurred it was at once brought together by silver wire. Fresh bed-linen was used, and, if the patient's underwear was soiled, either by perspiration or by blood, a complete change was made. Carbolized soap was used for toilet purposes, not because of its antiseptic qualities,

but on account of its being free from alkalies, and therefore less irritating.

The binder, I must plead guilty to its use; I have not yet been convinced by a single good reason why it should not be used. When properly applied it adds greatly to the patient's comfort, arresting the feeling of faintness which is so often complained of by the women after delivery. My own preference is for a piece of unbleached muslin about one and a half yards long and wide enough to reach below the hips.

The umbilical cord was ligated from five to ten minutes after birth of the child, in a number of cases not until the pulsation of the cord had ceased; generally both ends were ligated, the maternal end being done to prevent soiling of the linen.

In dressing the cord a piece of old, clean linen, or a piece of antiseptic cheese-cloth was simply laid over it, and usually within the first five days the stump dropped off, seldom leaving any sore behind. Only one case of hæmorrhage from the cord occurred. The cord was ligated twice, and finally persulphate of iron was applied; the cord dropped off in ten days, and the child proved to be syphilitic.

Ergot was seldom given during labor, preference being given to the use of the forceps; it was always given as a routine practice after completion of labor, and its use continued for several days if the uterine tissues did not seem to contract properly.

My own preparation consisted in thoroughly scrubbing my hands—extending the washing up to the elbows—in a hot antiseptic solution, and then, without drying them, make my examination; the after cleansing of the hands was done simply with soap and hot water.

When the forceps or any other instruments were used they were first given a good dry-rubbing, and then placed in a hot antiseptic solution and allowed to remain a few moments, when they were taken out and applied without being dried, thus carrying up into the maternal passage a certain amount of the antiseptic.

The report of the following cases, forming the basis of the present paper, extends from January 1, 1881 to December 31, 1889—a period of ten years. There were in all 1347 cases and 1366 children—742 girls, and 624 boys. There were 375 primiparæ:—

Vertex presentation in left anterior position occurred				998 times.
"	"	right " "	"	188 "
"	"	left posterior "	"	29 "
"	"	right " "	"	70 "
Face	"	(anterior, 3; posterior, 2)	"	5 "
Brow	"	(with prolapsus of cord, 1)	"	4 "
Breech	"		"	24 "
Foot	"		"	1 time.
Transverse	"	(including arm)	"	8 times.
Unique	"		"	1 time.
Twin pregnancies			"	19 times.
				1347 cases.

Twin Pregnancies.—The presentations, position, and complications were as follow: There were seventeen vertex presentations. In one case the first child presented in the vertex and was delivered with the forceps, labor pains having almost ceased; the second child presented transverse, with prolapse of the arm; version was performed, both children living. In one case the first child presented by the vertex, the second by the breech; both living. In six cases there was mixed sex—six boys and six girls; two cases were twin girls; eleven cases were twin boys. Three cases were placenta prævia.

Of the twenty-four breech presentations, many were terminated by the forceps. My success in not having any stillborn in breech presentations I attribute to the early use of the forceps on the after-coming head. In 1877, in a paper on the "Application of Forceps in Head-last Presentation" (Philadelphia Medical News, April 14, 1877), I advocated the early use of the forceps in preference to the so-called "pump-handle" method taught at that time. By the application of the forceps on the after-coming head we have complete control of it, and can easily correct any malposition and place the head in the most favorable position for rapid delivery.

Rupture of the perineum occurred twenty-eight times, all the recognized methods being unsuccessfully employed for its prevention. In many cases there seemed to be a superabundance of fat and a small amount of elastic tissue, so that when extension took place rupture was inevitable. In several cases the rupture seemed to have been caused by the shoulders, but my belief is that the mucous membrane in the vagina was first torn by the advancing head and the skin-tear completed by the shoulders, this form of tear being generally slight. All tears were stitched at once with silver wire, union by first intention being the general result.

Nine cases of post-partum hæmorrhage occurred, which were controlled by hot water

injections, and fluid extract of ergot by the mouth. In several of the cases ergotin was used hypodermatically.

There were eight cases of placenta prævia, three of which occurred in twin pregnancies and were of clinical interest, the placenta prævia having been diagnosticated before labor, but nothing gave rise to the suspicion of the different situations of the placentas; after delivery of the second child, an examination revealed in each case two separate and entire placentas, the first being situated over the mouth of the uterus and the second at the fundus. All the eight cases, with the exception of one, were treated expectantly, and all did well except that one, which resulted in death from pyæmia.

One case of vaginismus occurred. It was a first labor, and the agony which the patient experienced while being examined compelled the administration of ether and delivery by the forceps; she was not torn; her condition was not improved, and the approaches of her husband caused fear and horror. Fortunately, she again became pregnant; I determined at this labor purposely to tear well into the posterior fourchette, and the result was a perfect cure.

Five cases of puerperal fever came under treatment, and in every case was traceable to the nurse. One case not only had puerperal convulsions, in which labor had to be completed by the forceps, but had adherent placenta with uterine inertia. In one, the patient at each of her confinements suffered from an attack of fever, each lying-in being attended by a different physician; the last attack undoubtedly occurred from gross neglect of the nurse. In another case the nurse came from a lying-in woman who had died of puerperal fever; this was not known until too late. Two cases were mild attacks. There was one case of pyæmia, following plugging in a case of placenta prævia. Two cases of acute inflammatory rheumatism, two of pleurisy, three of pneumonia, one of malarial fever, two of typhoid fever, two of dilatation of the heart, and two cases of the "grippe" were also treated. In one of the two cases of puerperal mania, the mania set in on the fourth day, and in the other case at the end of two weeks.

One case of pelvic hæmatocele occurred which necessitated section; the patient recovered, and has since been delivered, the labor and the lying-in being normal. Two cases of phlegmasia alba dolens occurred.

There were only three cases of adherent placenta. The treatment consisted in the introduction of the hand into the uterus and peeling off the adherent portion, and then washing out the uterus with an antiseptic douche. I would state that the hand was never introduced into the vagina in a normal expulsion of the placenta; time was always given, then slight friction was made over the uterine ball, and, if expulsion did not take place in half an hour, Créde's method was then employed.

Puerperal convulsions occurred eight times; they were treated by free bleeding from the arm, and chloral hydrate and potassium bromide administered by the rectum if the patient could not swallow. If the convulsions occurred during labor, the labor was completed by the forceps. None died.

Labor was twice complicated by cancer, and twice by fibroid tumor of the uterus. One case deserves mention:—

About 1884 I was engaged to attend a primipara; being out of town at the time of the labor, the case passed into the hands of another physician. It was a breech presentation; everything went along nicely until the head came down behind the pubis, when it was caught by the fibroid, which was situated in the anterior wall of the uterus, and craniotomy was performed before the head could be extracted. Her second labor was a placenta prævia, with a transverse presentation. I tore the placenta aside, performed version, and in doing so lacerated the cervix; the lying-in was perfectly normal, and an examination three months afterward showed no appearance of a tumor. Was the accidental tear the cause of the disappearance of the tumor? The patient has since been delivered of a living child with a perfectly normal labor.

There were thirty well-marked deformed pelves, the general form being of the anterior-posterior variety, and two justo-minor pelves.

Eleven cases showed well-marked kidney disturbance, and were all placed under treatment during pregnancy.

Labor was completed by the forceps seventy-four times: eighteen times they were applied at the upper strait, thirty-two times in the cavity, and twenty-four times at the inferior strait, or while the head was resting on the perineum. The application of the forceps at the upper strait was caused by slight deformity or

by a posterior position of the vertex. I have found that nearly 60 per cent. of posterior vertex presentations will not undergo the favorable rotation as set down in the books, and in a majority of the cases manual assistance will be necessary. The forceps were applied when the labor seemed lingering, the patient becoming exhausted, or when there was not any headway made for an hour. If the head was arrested at the perineum for any length of time without some indication of advance, the forceps were used.

The forceps used were: For high cases, Tarnier's axis-traction forceps; also, Wallace forceps; for cavity and inferior cases the Wallace forceps or Simpson's were used, preferably Simpson's.

Craniotomy was performed four times: Once for hydrocephalus, once for justo-minor pelvis, once in a posterior face-presentation, and once in a brow-presentation with prolapsed cord.

Embryotomy: Amputation of the neck was performed once. The case was a consultation call, and the patient had been in labor some twelve hours. On my arrival I found a transverse presentation, with the neck jammed down in the pelvis. The patient was etherized, and an attempt at version resulted in a failure. I then took the hooked part of a Wallace blade, passed it around the neck, making a see-saw motion, till finally the head was separated from the body, when the latter was easily delivered The attending physician then seized the uterus and pushed it well down over the decapitated head, when I applied the forceps and delivered it without any trouble. The patient did well.

Version was performed ten times: eight times for transverse or arm-presentations, once for posterior face-presentations, and once for a justo-minor pelvis. There was only one case of prolapsus of the umbilical cord, which occurred in a deformed pelvis with a brow-presentation. Craniotomy was performed before the child could be delivered. The child weighed fifteen pounds without the brains.

One unique presentation took place. This case was reported (April 10, 1889) to this society.

Two mothers died. One was suffering from dilatation and valvular disease of the heart, and was under the care of Dr. Herbert Norris. Married against the orders of her physician, she in course of time became pregnant and passed under my care for her lying-in. I was sent for in haste one morning about seven o'clock, and, on arriving at the bedside of my patient, I not only found her in labor, but also in a dying condition; her hands and feet were icy cold, the nose pinched, and she was almost pulseless. I stimulated freely with whisky. The child's head was bulging the perineum, and I asked permission to use the forceps, and being refused I gave a teaspoonful of fluid extract of ergot, also a hypodermatic of strychnine and atropine. In a short time delivery occurred, and the placenta soon followed. The patient was then surrounded with hot bricks and covered with blankets, and stimulants were given freely; for a time she seemed to rally, but gradually sank and died within two hours,—not from her confinement, but from the terrible heart-trouble with which she was suffering. The second death was in a case of placenta prævia in which the flooding was fearful. To arrest the flow I plugged the vagina with strips of muslin; but one might as well have attempted to arrest the flow from a burst main-pipe with putty as to have tried to arrest the hæmorrhage in this case. Finding that labor had set in, I tore aside the placenta, applied the forceps, and delivered a stillborn child. Unfortunately for the woman (this case occurred in 1882), she was nursed by an ex-washerwoman, and often I had to perform the duties of nurse myself, my orders never being carried out. About the seventh day the joints of the knees became painful and abscesses formed; all the joints soon became involved, and the patient died at the end of the second week. I am satisfied that if the case had occurred at the present time, with antiseptic douches and excellent nurses at my command, the result would have been entirely different.

There were seven stillborn children. Two children were born with well-marked syphilis; one had measles; one had scarlet fever; one had chicken pox; two had ophthalmia; two had cyanosis; one had eyes of different colors —one brown and one blue, and the conformation of the orbits differed. Five children were deformed—three being in one family—and all died within a year.

The weights of some of the children were as follow: Three weighed twelve and a half pounds; one weighed fifteen and a half pounds; two weighed sixteen pounds; two weighed seventeen pounds; one weighed

eighteen pounds, and one weighed twenty pounds. All these weights were verified by scales.

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*LARGE CYSTIC OVARIAN TUMOR, COMPLICATED BY A FIBROID TUMOR OF UTERUS.**

By D. BENJAMIN, M.D.,
Surgeon to Cooper Hospital.

MRS. B., aged 39, was examined by me about five years ago, and a tumor about the size of an orange, rather soft and movable, was diagnosed in the right ovarian region.

She was told of the diagnosis, and left with the understanding that she should come to our office for further examination and advice. She was at that time complaining principally of pain and discomfort in the abdominal region. There were slight prolapse of womb and leucorrhœa.

Five years passed; occasionally I thought of her, and, finding she had employed other physicians, I concluded that I might possibly have made a mistake in diagnosis, especially as I understood that she was being treated for dyspepsia.

Last September she came to my office complaining of frequent and prolonged loss of blood. Bimanual examination revealed a hard tumor connected with the womb about nine inches in circumference, while at the upper part it appeared to be cystic at the time. I was not able to make a clear, differential diagnosis, but thought quite likely that it was really a growing fibro-cystic tumor, as commonly met with. A faradic current of electricity, applied twice a week, arrested for a month the hæmorrhage. Then it failed to give relief. All the ordinary remedies, such as ergot, quinine, etc., likewise failed, and on one or two occasions she nearly bled to death before I could reach her house. She finally consented to an operation. Accordingly, on the 19th day of December, I proceeded to operate under ether, she having been admitted as a private patient to a room at the Cooper Hospital.

An incision was made in the usual manner, and a cystic tumor of the right ovary, about twenty-four inches in circumference, found.

On breaking up the adhesions, which were slight, from the transverse portions of the large bowel and from the womb, a fibroid tumor of the uterus, intra-mural, about the size of an ordinary orange, was found. I then proceeded to remove the cyst. This gave ample opportunity to examine the fibroid and its relations to neighboring organs. It was found to have enlarged the womb pretty uniformly to the vaginal insertion. This tumor and the weight of the super-incumbent ovarian tumor jammed the uterus deep in the pelvis, where it was fixed by adhesions. At this point it became necessary to decide the question of the removal of the womb,—a point which could not be settled before the operation.

The exhausted condition of the patient, the impossibility of making an extra-peritoneal pedicle, and the probability that the removal of both ovaries would stop the growth of the fibroid, arrest the hæmorrhage, and cause the tumor to atrophy, determined me at once not to extirpate the womb. The left ovary, which was much swollen, was then ligated and cut away.

Both ovaries and Fallopian tubes having been ligated as closely as possible to the womb and removed, I began to clean out the abdominal cavity. At this point the ligature on the left ovarian pedicle, and which had included a large vein running from the fibroid along the upper edge of the broad ligament, slipped, and blood began to well out. The stump was so short that it flattened out, and could not readily be taken up. The bleeding-point was compressed by deep pressure with large angular cyst-forceps, and an aneurism needle, threaded with a strong, double-silk ligature, passed under and through the uterine tissue. This, when firmly tied, controlled the bleeding effectually.

The abdominal cavity was then well flushed and closed in the usual manner, without a drainage-tube. The patient rallied well from the operation and made uniform improvement; temperature never exceeded 101° F. The stitches were removed on the 30th of December.

On the 20th of February the patient went home, and, resuming her housekeeping too vigorously, had an attack of peritonitis on the second day. The disease was mild and restricted to the pelvis, but confined her to her bed for four weeks. She has now recovered, and is able to take charge of her house.

* From Proceedings of Camden City Medical Society.

She has had no hæmorrhage since the operation. The fibroid has almost disappeared, and gives no further trouble.

209 Cooper Street, Camden, N. J.

TREPHINING FOR EPILEPSY.

By JAMES S. KENNEDY, M.D.,
CHAMBERSBURG, PA.

ON August 30th, 1891, S. B., a child, aged 6 years, was brought to me, and I was told that he had been a sufferer from epilepsy almost from birth. The first attack occurred when he was six weeks old. Having shaved the head and placed the patient under the influence of chloroform, ether, and alcohol, the cranium was carefully examined and a small depression was found on the parietal bone, near the junction with its fellow on the opposite side. The skin over this depression was dissected off by a V-shaped incision, and the trephine applied. The bone was unusually thick on one side of the circle made by the instrument, and thinner on the other, making it a nice matter to cut through the inner table at the same time with all the teeth of the instrument. This was finally accomplished, and the circular piece of bone removed. The piece was very much roughened, and a spicular portion of bone projected into the substance of the brain itself. The wound thus made was flooded with antiseptics, dressed, and on visiting the little patient afterward I found him resting well, with a temperature of 100 degrees. The case continued doing well until the boy was able to go about.

This case was peculiar because the results were more than the most sanguine could have expected. The child could only mutter sounds, was paralyzed on the left side, and often had as many as thirteen convulsions a day.

Excepting one attack, twelve hours after the operation, the child has had no return to this date, nine months having elapsed. The paralysis is entirely gone, and the child now speaks as well as any boy of his age.

In this operation I had only expected to relieve the pressure and check the convulsions to some extent, but I had no idea of seeing the paralysis decrease or to have the sense of speech return. Now, to look at the child, no one by his manner or speech would ever believe that at one time he was an object of pity and aversion.

This is my second case of trephining for epilepsy,—both being successful,—and I honestly urge on my professional brethren the benefit derived from both operations, and believe many persons, who are now objects of pity and abhorrence to others, may, by this operation, be restored to perfect health and lead useful lives. I was assisted by Dr. George Hull and Medical Student Miley, of the Medico Chirurgical College of Philadelphia, Pa.

211 N. Main Street.

ABSTRACTS.

BACTERIOLOGICAL INVESTIGATIONS OF EUROPHEN.

Dr. Siebel reports the results of his pharmacological and bacteriological investigations with europhen. He finds that europhen is a "dry antiseptic," the effect of which is similar to that of iodoform, depending upon the continuous liberation of small quantities of free iodine, which in *statu nascenti* considerably impairs the growth of bacteria. The separation of iodine takes place as soon as the drug is brought in contact with moisture. This process, therefore, takes place within the organism when europhen is subcutaneously injected in watery suspension into an animal. The liberated iodine can be readily detected in the urine. Even when administered internally (3 grammes per dogs) iodine is easily detected in the urine.

These pharmacological investigations of Siebel teach that europhen is to be regarded as a non-poisonous substance; iodine poisoning is not to be considered on account of the small quantity set free.

As to its effect upon the bacteria, europhen, when sprinkled in a thin layer upon solidified bouillon agar, prevents the growth of inoculated cultures of spirillum Finkleri, choleræ, micro-tetragenus, and anthrax. Cultures of the staphylococcus pyogenes aureus and bacillus prodigiosus were considerably impeded in their growth. The bacterium pneumoniæ and the typhus bacillus were less influenced, while the bacterium pyocyaneus was not at all arrested in its development. In oily solution the antibacterial power of europhen is still more marked, and, when properly employed in a 10-per-cent. oily solution, bacteria of all kinds

were arrested in their growth. Europhen, however, has no bactericidal properties.

Europhen is also said to prevent the reduction capacity of bacteria, having an anaërole growth, which was tested by adding to the nutritive medium (agar-agar) 2 drops of a 2-per-cent. solution of indigo-carmine, and then inoculating deeply with the staphylococcus pyogenes aureus. Although the control cultures within a short time had reduced the indigo-carmine to indigo-white, those cultures to which europhen had been added were still blue-colored after the lapse of one month. This action of europhen upon bacteria is entirely analogous to that of iodoform upon micro-organisms, and it is chiefly upon these properties, which belong to no other substitute for iodoform, that the therapeutic utility of europhen is based, aside from the fact that it is devoid of the toxic and disagreeable effects of the former.

SURGICAL TREATMENT OF PULMONARY GANGRENE.

At a meeting of the Academy of Medicine, March 15, 1892, M. Ch. Périer made a communication, in his own name and that of M. C. Paul, upon this subject. The patient was a man, 58 years of age, in whom antisepsis by the natural passages had been without avail. M. Périer then made an incision at the level of the second intercostal space upon the left side, raised the pulmonary tissue with Museux's forceps, divided first the pleura and then the lung. The diseased area, situated about three-fourths of an inch below the surface, was cleansed and touched with camphorated naphthol. Two drainage-tubes were inserted and the wound closed. About six weeks after the operation the wound was completely healed, and, at the date of the report, about three months after intervention, the man's health is good and no signs of pulmonary disease are present.—*Le Progrès Médical*, March 19, 1892.

ADDISON'S DISEASE WITH INTEGRITY OF THE SUPRA-RENAL CAPSULES AND SCLEROUS ALTERATIONS IN ONE OF THE CŒLIAC GANGLIA.

At a meeting of the Medical Society of the Hospitals, March 11, 1892, M. Raymond reported the case of a woman, 27 years of age, who began, at the beginning of the year 1891, to experience abdominal pain, extreme lassitude, impossibility of keeping warm, irregularity, followed by suppression of the menses, bronzing of the skin in spots, and considerable emaciation. There was neither sugar nor albumen in the urine. The glands of the axilla, and afterward of the groin, were enlarged. Death took place from coma, May 3, 1891. At the autopsy there was found a considerable hypertrophy of the ganglia at the root of the lungs, the intra-pulmonary and retro-sternal ganglia, and those of the posterior mediastinum, the last being connected with the chain of the grand sympathetic. The kidneys were normal. There were small lymphadenomata in the spleen and broad ligaments. In front of the spinal column was a ganglionic mass extending from the diaphragm to the sacro-iliac promontory. The mass was hard, irregular, bosselated, and of the volume of the two fists joined. It enveloped, without compressing, the abdominal aorta, vena cava inferior, and the bifurcating branches of those vessels. It had separated the right supra-renal capsule from the corresponding kidney, which it had displaced downward. The supra-renal capsules were unaltered on both sides, presenting merely an increase of the leucocytes contained in the vessels. The right semilunar ganglion adhered to the ganglionic mass, while upon the left side the structures were fused. Upon histological examination the right semilunar ganglion was found sclerous; the nervous cells were pigmented, vacuolated, and rarefied; some were atrophic. The spinal cord was intact. This case favors the theory which looks upon Addison's disease as a nervous affection. —*Le Progrès Médical*, March 19, 1892.

SUDDEN DEATH FROM RUPTURE OF THE AORTA.

At a meeting of the Medico-Legal Society, March 14th, M. Vibert communicated the report which he, together with Professor Brouardel, had made in the case of a young medical student. When 1 year of age, he had suffered with convulsions, and at the age of 5 years from a severe attack of typhoid fever. Since that time he had seemed to enjoy very good health, and nothing indicated that he was the victim of cardiac disease. On February 8th he returned home in good spirits and apparently well. During the night he was seized with a violent pain in the region of the liver, and toward morning vomited bilious matter,

which gave him some relief. At 6 o'clock upon the following evening again the pain became very severe, and an hour later the patient uttered two cries and suddenly expired. The autopsy revealed the presence of an extravasation in both pleural cavities, more abundant upon the right side. There was no pulmonary tuberculosis. The pericardium contained a little more than the normal amount of liquid. The aorta was surrounded by a coagulum. When this had been carefully detached, two transverse rents were seen in the vessel. The middle tunic, at these spots, was in a state of degeneration. The rupture was obviously not due to traumatism nor any congenital malformation of the aorta, but, in all probability, to the degeneration of the middle tunic consecutive to the typhoid fever from which the patient had suffered when a child.—*Le Progrès Médical*, March 19, 1892.

IMPORTANCE OF CELLULAR ALTERATIONS IN DISEASES OF THE LIVER.

Our conceptions of the pathological anatomy of the liver are in process of being completely remodelled under the influence, on the one hand, of new methods, which have thrown light upon the nature of alterations which occur in the gland, and, on the other, of new physiological discoveries concerning its functional disorders which lesions of its connective tissue are insufficient to explain. Thus, in diabetes, islets of hepatic cells have been found, which, instead of containing a moderate quantity of glycogen, associated with the protoplasm, as is the normal condition, have become vesiculated and distended by the former substance, which has taken the place of the protoplasm. This is the lesion of Armanni, of which Erlich has shown the value and Professor Straus the true nature. In certain infectious conditions involving the liver, the absence of icterus has been readily explained, an absence which is the more marked as the destruction of the parenchyma is the more extensive. The experimental researches made with arsenic, and especially with phosphorus, by Lécorché in 1868, Deguer in 1872, Wegl in 1878, Dastre and Morat in 1879, Kummer in 1884, Kronig in 1887, have shown that in these cases the formation of fat, which is normal in the liver-cells and which, in certain vertebrates,—fish, for example,—assumes well-recognized proportions, goes on with such rapidity that it leads to exhaustion and disappearance of the elaborative protoplasm. The latter disappears, the cell becomes a simple fatty vesicle, unable to produce bile, glycogen, or urea, to destroy altered red globules or the toxic products brought in such great quantity from the intestine by the portal vein. The exaggeration of a normal function, consequently, becomes equivalent to a total suppression of the liver.

In regard to alcoholic-intoxication experimentation, the ideas of cirrhosis which had been derived from clinical and anatomo-pathological studies, the theory which Gubler sustained in 1853 in his thesis of aggregation was to the following effect: The connective tissue of the liver, irritated by a foreign substance,—alcohol, for instance,—proliferates, and finally, becoming sclerotic, crushes the lobules which may have remained healthy. This hypothesis, vigorously attacked by Ackermann, of Halle, has been shown by observation in the laboratory to be inexact. Dujardin-Beaumetz and Audigé, in 1883, saw, in animals saturated with alcohol, the liver become congested and inflamed. Magnan, in 1874, had witnessed steatosis of the liver and kidneys. These are the phenomena of beginning cirrhosis. The sclerotic patches of old cirrhoses are, perhaps, only the signs of a cicatricial process.

These conceptions allow us to understand that special form of cirrhosis with large liver, the knowledge of which we owe to Lancereaux, Hanot, and Hutinel, and which bears the name of alcoholic or hypertrophic fatty cirrhosis. Although the volume of the liver may be preserved, or even augmented, the signs of hepatic insufficiency are much more serious, the evolution of the disease is much more rapid than is that of the hob-nailed liver. Life is longer preserved, notwithstanding the ascites, with a small granular liver than with a large gland whose cells are fatty, and which destroys without ascites.

The affections of the biliary passages, produced either by retention or infection, destroy the hepatic cell in another manner, by preventing the elimination of biliary products which it derives from the blood, and which normally are separated by the cell in a state of solution. But in these conditions they remain in the cell in the form of angular, refracting granules of a green, or, more often, yellow, color. In proportion as they accumulate, the protoplasm which secretes them disappears,

and, after a certain length of time, is represented only by a mass of pigment.

Thus, in the two principal varieties of hepatic affections, it is not the greater or less quantity of sclerotic tissue due to a venous or biliary cirrhosis which commands the prognosis, and should direct the treatment; it is the condition of the fatty cells in the first place, and of the biliary in the second. These two states may, in fact, be combined, and the golden-yellow color of the grains of the cirrhosis of Laennec depends, as we know, only upon the biliary matter with which the remaining hepatic cells are supercharged.

There are, however, other possible alterations of the parenchyma, such as the cloudy swelling of Virchow, amyloid degeneration, the necrosis of coagulation so frequent in acute hepatitis; and it is these alterations, we repeat, which most concern us from the prognostic point of view. Why should we, then, administer to a patient whose liver acts badly a resinoid purgative which is only efficacious when emulsionized by the bile, since we know that the bile must be insufficient, or even wanting? Why should we attempt to act directly upon the liver when the liver itself is insufficient? A great part of the therapeutics of hepatitis must, therefore, be reconstituted, and, whatever the pathological anatomy may be, we should seek in the future to address ourselves to those organs which may vicariously relieve the hepatic insufficiency. When the kidneys fail, for instance, we call upon the digestive tube for relief, since Claude Bernard and Barreswill have shown its eliminative power. It is likewise the digestive tract, the intestine with the pancreas, upon which we must rely for the performance of the principal function of the liver, the elimination of toxic materials, and depletion of the portal system. We must make free use of the saline purgatives, perhaps in the form of a mineral water, such as that of Carabaña (which, in addition to sulphate of sodium, contains chloride of calcium), because they are innocuous, an important feature in itself when elimination is badly performed. The sudoriparous glands also may assist in the work of elimination, provided that they are directly stimulated by frictions, fumigations, massage, etc.

This is, in short, the general method of treatment which has been empirically instituted for renal disorders; and this fact should not surprise us, since both kidneys and liver are emunctory organs, and in each it is an epithelial lesion which inaugurates the process. —Dr. A. Pilliet, in *Le Progrès Médical*, March 12, 1892.

THE CURE OF A CASE OF ALCOHOLIC CIRRHOSIS.

At a meeting of the Medical Society of the Hospitals, held March 11, 1892, M. Millard reported the fourth case under his observation in which a cure had been effected. The patient was a man, 46 years of age, employed about a hotel, who had been in the habit for some years of drinking to excess. In July last he began to experience digestive difficulties. Three months afterward cirrhosis was evident, and there was considerable ascites. He was placed upon a rigid milk diet, and a diuretic potion was ordered containing juniper-berries. He was also given 20 grammes of German brandy daily. An abundant diuresis was produced, and at the end of a week the œdema of the lower limbs and the ascites had entirely disappeared. Amelioration was slow, but progressive. There, nevertheless, remained for a long time a subicterode hue and swelling of the liver and spleen. The general condition is good; the patient digests well and has gained flesh. The speaker did not hesitate to consider the case cured. The liver, it is true, remains somewhat enlarged, but it is impossible to obtain *restitutio ad integrum* of all the organs. The three other patients have preserved good health, though in them, also, the liver continues slightly voluminous. Hypertrophy of the liver is, according to M. Millard, a token and a condition of cure. Cirrhotic patients who are cured always retain an enlarged liver, which never returns to the normal size. A cure cannot be obtained except in the first two stages of the malady: 1. Simple hypertrophy. 2. Hypertrophy with ascites, but in a comparatively early period. In the second stage there is proliferation of embryonic cells, which embarrasses the venous circulation and produces ascites; but this proliferation may retrocede. If, on the other hand, the connective tissue has continued its evolution and has become converted into fibrous tissue, hepatic sclerosis is reproduced indefinitely, in spite of treatment, which, from that time, is unable to check the progress.

In discussing the foregoing communication, M. Rendu said that the cases of M. Millard

prove that cirrhosis may be cured; but he is not sure that we should, in all cases of the disease, distinguish three stages of development. He believes that cases occur in which sclerosis with atrophy exists from the beginning. He admits two initial forms: one atrophic from the first, the other hypertrophic. The latter, ordinarily complicated with ascites, is the one which has the better chance of cure. The speaker thought that the ascites was more closely related to a perihepatic peritonitis than to compression or obliteration of the portal system.

M. Delpeuch said: Former anatomical researches, especially those of MM. Dieulafoy and Giraudeau, have demonstrated that the lesions of cirrhosis were developed both at the branches of origin of the portal and the hepatic veins. There is present a chronic pylephlebitis. If the hepatic cell is intact, as persistence in the volume of the liver seems to indicate, a cure may be effected. In these cases the supplementary circulation carried on in the interior of the newly-formed tissue between the branches of origin of the portal vein and the veins of the abdominal walls, permits the absorption of the ascites, the disappearance of the supplementary veins, and the intestinal hæmorrhages. If, on the other hand, the organ is atrophied, these collateral passages may determine an amendment of symptoms, but not a cure.

M. Desnos: By the side of curable hypertrophic cirrhosis of alcoholic origin, described by M. Millard, must be placed tertiary hypertrophic cirrhosis, also due to alcohol, but incurable.

M. Raymond: A male patient, who, in 1878, had a clearly-marked cirrhosis with ascites, continues in good health, thanks to a milk diet and abstinence from alcohol.

M. Troisier: When the toxic cause is removed, we see the symptoms and lesions of alcoholic gastritis disappear. That which occurs in the kidney and stomach may also take place in the liver.—*Le Progrès Médical*, March 19, 1882.

ELEPHANTIASIS OF THE EXTERNAL GENITALIA AND CONSECUTIVE URETHRAL STENOSIS.

Under the above title Dr. Strairno Antonio, of Naples, contributes to the Giornale Internazionale delle Scienze Mediche the history and histo-pathological examination of a case which was admitted to the hospital under the care of Professor de Amicis. The patient was a coachman, 48 years of age, who had in former years suffered from rheumatic manifestations, malarial fever, and indigestion due to alcoholic excess. During the last fifteen years he had had numerous attacks of gonorrhœa, followed by accidents or complications, as a bubo in the groin, which was long in healing, and which left behind it a number of fistulous tracts which had to be incised. He suffered also from various ulcers located upon the inner surface of the prepuce and the corona glandis. These gave rise to a phimosis. They were never completely healed, but developed anew from time to time, and new ulcers also appeared. In consequence of chronic inflammation the penis became enlarged. A urethral stricture formed; a catheter was inserted upon one occasion in order to afford relief, but so unskillfully as to produce a false passage. Fistulæ of the urethra followed. As if this condition were not sufficiently serious the preputial ulcerations were the seat of repeated attacks of erysipelas, after each of which the infiltration and hyperplasia increased, the external genitals and particularly the penis augmented in volume, as well as the skin of the abdomen and perineum. The fistulæ being occluded, the man was brought to the hospital, where Professor de Amicis performed external urethrotomy, introduced and left in position a catheter. But the erysipelas returned with added violence, gangrene ensued, and the patient soon fell a victim. A post-mortem was held thirty hours after death by Professor Armanni, and the results registered as follows: Elephantiasis of the scrotum, prepuce, and skin of abdomen; urethral stricture and fistulæ; urinary infiltration, especially extensive in the perineum and upon the abdominal wall; a septic condition of the spleen. A microscopical examination of the abdominal skin showed that the epithelial cells of the Malpighian layer were frequently destroyed by necrosis, especially at those points at which the underlying skin and subcutaneous tissue were greatly infiltrated with lymphoid cells. The prolongations of this layer into the hair-follicles, sebaceous and sudoriparous glands were also more or less altered, and in certain sections were surrounded by connective tissue. An accumulation of round-cells took place particularly at those points in which vessels anastomose, as, for instance, within the follicles and glands.

A decided inflammatory infiltration was present in the subcutaneous tissue. Miliary abscesses were also seen. The intima of the arterioles was hyperplastic, and the vessels constricted in calibre. Some of the lymph-spaces were dilated and surrounded by an abundance of inflammatory elements. The urethra was so profoundly altered that its histological structure could not be recognized. Nothing was to be seen but a mass of fibrous tissue. The muscular wall of the bladder was hypertrophied.

The initial causes of the conditions found were evidently the gonorrhœal process and the venereal ulcerative infection, which gave rise to an intense inflammatory reaction of surrounding tissues, and themselves became chronic. The skin and mucous membrane of the genital organs had, for twelve to fifteen years, been subject to frequent exacerbations of acute inflammation. Recurrent attacks of erysipelas had also contributed to the genesis of the diffuse elephantiasis.

The patient, then, fell a victim to the combined and successive action of the gonococcus of Neisser, a venereal virus whose exact character was undetermined, and to the streptococcus erysipelatis of Fehleisen.

THERAPEUTIC NOTES.

TREATMENT OF DIPHTHERIA IN THE PARIS HOSPITALS.

As a local application Jules Simon uses:—

℞ Acid. salicyl., . . 0.60 grm.
Infus eucalypt., . . 60.0 grms.
Glycerin., . . . 40 0 grms.
Alcohol., . . . 150.0 grms.

M. Sig.: Applied on antiseptic cotton every two hours, carefully avoiding any injury to the mucous membrane.

In the intervals irrigated with hot borated water (4 per cent. borax). Internally, iron and alcohol.

Dr. Gaucher's treatment is:—

℞ Camphor, . . . 20.0 grms.
Olive-oil, . . . 15.0 grms.
Alcohol (90°), . . 10.0 grms.
Acid. carbol. (cryst.), . 5.0 grms.
Acid. tartaric, . . 1.0 grm.

M. Sig.: Applied locally night and morning.

Irrigation every second hour with a 1-per-cent. solution of carbolic acid.

Dr. Legroux, of Trousseau Hospital, used:—

℞ Glycerin, . . . 20.0 grms.
Alcohol, . . . 10.0 grms.
Creasote, . . . 1.0 grm.

M. Sig.: Applied on a brush twice a day; besides this, a spray of creasote 100 to alcohol 1000 is kept going.

In very serious cases M. Legroux does not hesitate to use hypodermatic injections of:—

℞ Aseptic olive-oil, . . 150.0 grms.
Creasote, . . . 20.0 grms.

It is claimed for this treatment that it has also a preventive action on broncho-pneumonias that may succeed tracheotomy.

Dr. Legendre's treatment is:—

℞ Naphthol, . . . 5.0 grms.
Alcohol, . . . 5.0 grms.
Glycerin, . . . 100.0 grms.

M. Sig.: Used on a wad of cotton several times a day.

Also the following for irrigation:—

℞ Naphthol, . . . 0.20 grms.
Water, . . . 1000.0 grms.

Dr. Hutinel (at Hôpital des Enfants) used:—

℞ Terpine hydrate, . . 8.0 grms.
Hydrarg. bichlor., . 0.30 cntgrm.
Ess. mint, . . . 100.0 grms.
Alcohol, . . . 100.0 grms.
Ess. thym., . . . a few drops.

M. Sig.: Used on cotton wad as the others.

This is followed by irrigations every two hours of hot borax-water and an internal treatment of 3 to 12 grammes of sodii benzoat.

The latest and newest form of therapeutics for this disease is the treatment by sulforincinated carbolic acid. Carbolic acid has already been tried mixed with various oils and turpentine, as well as camphor, but the preparation of castor-oil, as made in the above pharmaceutical solution, seems to have met an indication that is of great importance in the use of carbolic acid on mucous membranes. It does not irritate the pharynx and it is not painful; it also adheres to the mucous membranes. A solution of this kind is used:—

℞ Acid. carbol., . . 10.0 grms.
Sodii sulforincinat., . 90.0 grms.—M.

This is put on wads of cotton, and, when applied to the pharynx, it is not washed off by gargles or irrigations, but allowed to stick to the mucous membrane and penetrate it as

much as possible. Professor Grancher, Dr. Cadet de Gassicourt, and Dr. D'Heilly are now using this preparation, and much is hoped from it.

From the above it would seem that no uniform method of treatment is to be recommended for diphtheria. Infants should not be treated by the same method as adults, because certain drugs, as carbolic acid, etc., may be poisonous in the first. A combination formula in use in the Children's Hospital, at Nice, is varied as follows:—

℞ Glycerin, . . . 30.0 grms.
Acid. salicyl.,
Terpine (or creasote), . . āā 60.0 cntgrms.
Alcohol, . . . q. s. to dissolve.

This is used locally; but since the introduction of the sulforincinates the following is being tried:—

℞ Sodii sulforincinat., . 80.0 grms.
Salol, ... 10.0 grms.
Creasote (or terpine), . 2.0 grms.

M. Sig.: Apply to the membrane and throat every three hours.

The atmosphere of the sick-room should be kept humid with a spray. Dr. Hutinel and almost all the French physicians use borax solutions (about 3 per cent.).—Paris Letter in *Archives of Pediatrics*.

FORMULA USED FOR PAINFUL GUMS IN CHILDREN.

℞ Cocaine hydrochlor.,
Camphor (powd.), āā 10.0 cntgrms.
Glycerin, . . . 10.0 grms.
Essence of mint, . . q. s. to flavor.

M. Sig.: Rub a little of this on the gums with the finger.—*Ibid.*

ATROPINE IN HÆMOPTYSIS.

Dr. Hausmann prescribes subcutaneous injections of atropine as a last resort in cases of serious hæmoptysis. He cites three cases in which this remedy produced excellent results.

CHAPPED HANDS.

The following is a pleasant and efficacious application for chapped hands:—

℞ Quince-seed, . . . ʒss.
Water, ... q. s.
Glycerin, ... f ʒj.
Alcohol, ... f ʒiv.

Macerate the quince-seed with a pint of water for twenty-four hours, stirring frequently; strain with gentle pressure through muslin, and make up the volume to 1 pint with water; then add the glycerin, and, finally, the alcohol containing the perfume, and stir briskly.—*Pharmaceutical Era.*

ENLARGED PROSTATE.

Give 5- to 10- grain doses of muriate of ammonia three times a day:—

℞ Ammonii chloridi, . . ʒss.
Syr. aurant. cort., . . ʒiv.

M. Sig.: A teaspoonful in half a glass of water t. i. d.

You will be surprised at the results obtained if you will continue the treatment as long as three months.—Dr. M. O. Terry.

INFANTILE COLIC.

℞ Misturæ asafœtidæ, . . ʒj.
Sodii bromid., . . . gr. iii–v.

M. Sig.: This is a dose for a child from 1 to 4 months old.—*St. Louis Clinique.*

CROUPOUS PNEUMONIA.

Dr. Thomas J. Mays prescribes the following:—

℞ Phenacetin or antifebrin, . gr. lx.
Quininæ sulph.,
Pulv. digitalis, . . āā gr. xx.
Strych. sulph., . . . gr. ss.
Atropin. sulph., . . . gr. $\frac{1}{30}$.
Morph. sulph., . . . gr. j.

M. Ft. capsul. no. xx.
Sig.: One capsule four times a day.

If aconite is administered, it must be given in frequently repeated doses, in the early stage of the disease. The albuminous juices of beef, oysters, and clams, already mentioned, and the milk, may be alternated with the capsules every two hours during the day-time.—*Univ. Med. Mag.*

In the first stage of pneumonitis, and in other diseases in which a febrifuge is called for, the following has proved of great service to me:—

℞ Tr. veratri viridis, . . ♏xl.
Tr. cinchonæ comp., . . ʒj.
Potass. acetatis., . . ʒss.
Morphini acetatis, . . gr. j.
Aquæ dest., . q. s. u. f. ʒij.

M. Sig.: One drachm every two hours.—Dr. Eugene Crutchfield, in *Virg. Med. Monthly.*

TONSILLITIS.

Dr. Robert C. Kenner warmly recommends salol, in 10-grain doses, every three hours.—*New Albany Med. Herald.*

LAXATIVE FOR CHILDREN.

℞ Manna, ... ʒvj.
Magnesia,
Sulphur, . . . āā ʒiss.
Honey, ... ʒvj.

M. Sig.: One or two dessertspoonfuls in a cup of warm milk or weak tea.—FERRAND, in *Gaz. de Gyn.; St. Louis Clinique.*

IN coryza, recovery is promoted by the use of the following inhalant:—

℞ Camphor, ... ʒviij.
Iodine, ... ʒj.
Carbolic acid, . . . ʒij.
Liquor ammoniæ fortior., . ʒj.
Alcohol, ... ʒviij.—M.

Put all the ingredients into a glass-stoppered bottle, and shake till an olive-brown solution is obtained. Drop some on a sponge or absorbent cotton contained in a wide-mouth bottle, and inhale freely through the nose every hour or two.—*St. Louis Clinic.*

PSORIASIS.

Dr. G. T. Elliott has had a good result in one case from the use of a 10-per-cent. ointment of gallacetophenone. He concludes that: "From this slight experience, gallacetophenone appears to me to promise to be the most satisfactory local remedy for psoriasis, and superior to all others. It produces no inflammatory reaction or pigmentation, but seems to influence immediately the lesions."—*N. Y. Med. Journal.*

DIPHTHERIA.

As a local agent, Dr. E. Dickenshied, of Spinnerstown, Pa., recommends:—

℞ Aluminum chloride, . ʒviij.
Aluminum bromide, . ʒiv.
Boiling water, . . ʒlxiv.

M. Sig.: Place over a bath until dissolved.

Five- to 10- drop doses are also given internally.

Mercaut recommends the following in the treatment of diphtheria. If the false membrane is not dense, the following formula may be used:—

1—℞ Syrupi simp., . . 70–80. grms.
Potass. chlor., . . 2.0 grms.
Fer. perchlor.,
Aquæ rabel., . āā 3.0 grms.

M. Sig.: A teaspoonful every two hours.

For local application the following is recommended:—

2—℞ Aquæ rosarum, . . 200.0 grms.
Helenine. . . . 1–2. grms.
Acidi carbol. dil., . . 1.0 grm.
Glycerinæ, . . . 30 0 grms.
Tinct. menth. pip., . gtt. viij.—M.

The following may also be taken:—

3—℞ Aquæ melissæ, . . 100.0 grms.
Quin. sulph., . . 1 0 grm.
Syr. amygdal. amar., . 50.0 grms.—M.

Mixture No. 2 may be sprayed upon the fauces for several minutes, the membranes being loosened thereby and the buccal cavity moistened. Then a teaspoonful of the first mixture may be taken in a sufficient quantity of sherry wine, and this may be followed by a similar dose of the quinine mixture. In two hours this treatment should be repeated. In cases in which the glands of the neck are involved mercurial ointment should be applied. Ipecac may also be used internally if relaxation of the tissues is indicated. The false membrane should be gently removed with the forceps if it can be thus removed. This treatment should be continued three or four weeks. More than thirty cases have been treated in this way by the author, with satisfactory results.—*Anales de Gin. Obst. y Ped.*, July, 1891.

PHTHISIS.

Dr. A. L. Loomis uses as a tonic:—

℞ Tinct. zingiberis, . . fʒj.
Sodii bicarbonatis, . . ʒij.
Tr. gentian. co., q. s. ad fʒiv.

Dissolve and mix. Dose, a teaspoonful.

FOR COUGH.

℞ Potassii iodidi, . . . ʒj.
Potassii chloras., . . ʒj.
Liq. acidi carbol., . . ɱiv.
Syr. aurantii, . . . ʒij.

M. Sig.: Teaspoonful every four hours until relief is obtained.

I find the above prescription to be the best cough-mixture I ever tried. It will stop a cough of long standing in three days.—WATT, in *Med. Brief.*

COUGH-MIXTURE FOR INFANTS (INF. HOSP.).

℞ Tinct. opii camphoratæ,
Spir. ammoniæ aromatici,
Syr. pruni Virginianæ, āā fʒj.
Ext. ipecacuanhæ, . . fɱxxx.
Aquæ, . . q. s. ad fʒviij.

M. Sig.: A teaspoonful.—*The Prescription.*

ASTHMA.

℞ Ether, ... ℥j.
Essence of turpentine, . ℥j.
Benzoic acid, . . . ℥iv.
Balsam of tolu, . . . ℥ij.
M. Sig.: Use as indicated.

INFLAMMATORY ACNE.

In a case of inflammatory acne, Dr. Brocq uses the following with success:—

℞ Naphthol-B., . . . 1.0 grm.
Washed sulphur, . . 2.0 grms.
Pulv. oxide of zinc, . . 2.0 grms.
Lanolin, ... 5.0 grms.
Oil of sweet almonds, . 7.0 grms.
Ext. of violet, . . . q. s.
—*Jour. de Méd. de Paris.*

GOOD HAIR-OIL PERFUME.

Three grammes oil of lemon, 3 of oil cinnamon, 2 of oil geranium, and 6 to 8 drops oil of rose.—*Pharm. Rec.*

DIARRHŒA OF CHILDREN.

℞ Borax, ... ℥j.
Glycerini pur., . . . ℥iv.
Tinct. corticis aurant., . ♏xlv.
Aq. destillat., . . . ℥ij.
M. Sig.: A teaspoonful every one to three hours.

CETRARIN.

$C_{18}H_{16}O_8$. (Bitter principle from the lichen.) Properties: White acicular crystals, with a bitter taste; readily soluble in boiling alcohol. Intra-venous injections ($\frac{1}{8}$ to $\frac{1}{4}$ grain per pound of body-weight) increase the secretion of saliva, bile, and pancreatic juice. It also seems to excite peristalsis and to increase the number of blood-corpuscles, especially when these have been diminished by disease. Appears indicated in chlorosis. Internally, doses of 1½ to 3 grains may be given.—H. HELBING.

ATROPINE OLEATE.

Prepared by dissolving 1 part of atropine in 30 parts of oleic acid, and adding 50 parts of olive-oil. Properties: By its use suppositories can be made of far more uniform composition than when extract of belladonna is employed.—H. HELBING.

BRONCHIAL ASTHMA.

℞ Ammon. bromid., . . ℥iij.
Ammon iodid., . . . ℥ij.
Tinct. lobeliæ, . . . f℥j.
Syrup tolutan., . . . f℥iij.
M. Sig.: One teaspoonful every two or three hours.

FEL BOVIS IN TYPHOID FEVER.

Dr. Adolph Zeh, in an article appearing in Merck's Bulletin, gives the treatment in detail of ten cases of typhoid fever, in which fel bovis, in 3 grain doses, three times a day, was the main reliance, and all the patients recovered. He states that among some personal friends there were forty-eight more cases treated in the same method, and not a single one was lost.

INFANTILE DIARRHŒAS.

Lactic acid, . . . ℥j.
Simple syrup, . . . ℥v.
Water, ... ℥iiiss.
M. Sig.: One drachm every quarter to half hour after meals.—THOMAS.

TO STOP HÆMORRHAGE.

To stop hæmorrhage after tooth-extraction, Viau gives the following mouth-wash:—

℞ Chloroform, . . . ℥j.
Tannic acid, . . . gr. xxx.
Menthol, ... gr. xxx.
Tincture of krameria, . f℥j.
Distilled water, . . . Oj.—M.
—*Therap. Monatsch.*

CHRONIC PHARYNGITIS.

Professor Fränkel, besides advising abstaining from the smoking of cigarettes and the use of irritant foods, employs the following:—

℞ Tr. myrrh, ... ℥iv.
Tr. pimpinellæ, . . . ℥j.
Ess. menthæ pip., . . gtt. xv.
M. Sig: Fifteen to 20 drops in a tumbler of water as a gargle.

TONSILLITIS.

Much relief is said to be often obtained by a gargle containing chloral, according to the following formula:—

℞ Chloralis, ... gr. xv.
Glycerini,
Aquæ, . . . āā ℥iss.
M. Sig.: For use as a gargle.—*Med. Record.*

FOR SORE THROAT.

℞ Cocainæ hydrochlorat., . gr. viij.
Acid. carbolici, . . . ℥j.
Glycerini, ... f℥iv.
Aquæ rosæ, . . ad f℥xij.
M. Sig.: To be diluted with an equal quantity of water, and used alternately as a spray and gargle.—*Med. and Surg. Reporter.*

BUBO.

For forming bubo, from whatever cause, the application of a wad of absorbent cotton,

soaked in fluid extract of phytolacca deccandra, kept moist by a covering of gutta-percha tissue, has been found to have marked controlling effect. The use of this remedy was suggested by its usually prompt dissipation of caked breast, when applied in a similar way.—*Med. Fortnightly.*

CATARRH, NASAL.

℞ Sodii chloridi, . . . ʒj.
Glycerinæ, ... ʒiv.
Aq. rosæ, ... ʒj.
Aq. dest., . . . q. s. Oj.
Acidi carbolici, . . . gtt. v.
M. Sig.: Snuff up nose several times daily.

Or,

℞ Tannin glycerol., . . ʒj.
Glycerinæ, ... ʒiij.
Acidi carbolici, . . . gtt. iij.
Aquæ rosæ, . . . ʒij.
Aquæ dest., . . . ʒij.
M. Sig.: Use with an atomizer.

Or,

℞ Potass. bichromat., . . gr i–x.
Aquæ rosæ, . . . ʒiv.
M. Sig.: Local spray.—*Med. and Surg. Reporter.*

A SUBSTITUTE FOR CODLIVER-OIL.

Dr. G. H. Pierce, of Danbury, Conn., thinks well of linonine, which consists of linseed-oil, together with hypophosphite of iron, oil of eucalyptus, oil of gaultheria, Irish moss, marsh-mallow, glycerin, and dilute hydrocyanic acid. It is a palatable emulsion.—*N. Eng. Med. Journal.*

DIABETES INSIPIDUS.

Dr. Da Costa has used with advantage:—

℞ Antipyrin, ... gr. v.
Quininæ sulph., . . . gr. ij.
M. To be given twice a day, and, if this does not act satisfactorily, increased to three times a day.—*C. and C. Record.*

FOR COUGH.

For severe coughs and colds, when the ordinary expectorants fail to accomplish their object, the following has often been found serviceable:—

℞ Ext. yerba santa fl.,
Ext. grindelia robusta, āā ʒss.
Syr. prunus Virg., . . ʒij.
M. Sig.: Teaspoonful every two or three hours.—*Med. Snmmary.*

SCIATICA.

Dr. S. J. Corbett, of San Francisco, prescribes for delicate ladies:—

℞ Ol. tiglii, . . : . gtt. j.
Pulv. lycopodii, q. s. ft. capsulæ, ... no. ij.
Sig.: Take one capsule at 8 A.M.; the other at 2 P.M.

If the case is one of true sciatica, *i.e.*, congestion of sheath of nerve, the relief will be complete in twenty-four hours. If it is a case of rheumatic sciatica it will be relieved, but not cured.

If the case is that of a strong, robust man, write:—

℞ Ol. tiglii, ... gtt. iij.
Pulv. lycopodii, q. s. ft. capsulæ, ... no. ij.
Sig.: Take one capsule at 8 A.M.; the other at 4 P.M., if the first has not operated fully.

By inducing immense watery discharge from the bowels it relieves the congestion and thus cures the patient.—*Canada Lancet.*

FOR OBSTINATE CASES OF PRURITUS.

℞ Acidi carbolici, . . . gr. ij.
Morphinæ acetat., . . gr. iss.
Acidi hydrocyanici dil., . ♏xij.
Glycerini purif., . . . ♏xl.
Aquæ dest., . . . ʒj.
M. Sig.: Apply to vulva on tampons.—VERRIER.

ELIXIR OF PEPSIN AND BISMUTH.

George M. Beringer, Ph.G., suggests the following formula:—

℞ Saccharated pepsin, . . gr. cxl.
Citric acid, ... gr. cxx.
Bismuth ammonio-citrate, . cxxviij.
Stronger white wine, . . f ʒviij.
Spirit of orange, . . fʒij.
Sugar, ... ʒiv.
Water of ammonia,
Water, of each a sufficient quantity.

Dissolve the citric acid in four fluidounces of water and rub up the pepsin with this solution. Add the wine and gently warm at a temperature of not over 100° F. until the pepsin is dissolved. Dissolve the ammonio-citrate of bismuth in 1 fluidounce of water, with the aid of a few drops of ammonia-water, and add this solution to the pepsin solution, and then gradually add ammonia-water until the solution becomes perfectly clear and neutral, or very slightly alkaline. Now add the sugar and spirit of orange, and sufficient water to make one pint. Filter if necessary.—*Amer. Jour. of Pharmacy.*

ATONIC DYSPEPSIA.

Dr. Eugene L Crutchfield praises the action of:—

℞ Liq. pepsini, . . . ʒij.
Acidi lactici, . . . ʒvj.
Tr. nucis vomicæ, . . ʒiss.
Aq. menth. pip., q. s. u. f. ʒiv.

M. Sig.: Two drachms, three times a day, after meals.

PNEUMONIA.

When the disease is thoroughly established use:—

℞ Ext. ergotæ fld., . . ♏xx.
Tinct. aconite rad., . . ♏i–ij.
Liq. ammo. acet., . . ʒiiiss.
Syr. tolut., . . q. s. ad ʒss.

M. Sig.: To be taken every two hours.

The dosage of the above is, of course, regulated to the age, but the same ingredients are used for all ages.—DR. STRATTON, in *Med. Record.*

PARASITICIDE OINTMENT.

L'Union Médicale gives the following ointment for the destruction of parasites:—

℞ Salicylic acid, . . . gr. xlv.
Borax, ... gr. xv.
Balsam of Peru, . . gr. xxx.
Ethereal ess. of anise, . . gtt. v.
Ess. of bergamot, . . gtt. xx.
Vaselin, ... ʒvj.

Make an ointment and apply to the part affected.

TO ABORT BOILS.

℞ Camphoræ, . . . ʒij.
Chloroformi, . . . ʒss.

M. et solve.

Sig.: Apply with tip of finger hourly for one day.

It will abort all boils when used before suppuration has begun.—*St. Louis Clinique.*

ACUTE TONSILLITIS.

Bicarbonate of soda is a specific in acute tonsillitis. Apply the salt dry to the tonsils, and administer it, in 30- and 40- grain doses, internally.—*Ibid.*

SWOLLEN EYES.

If the eyes are swollen use on them:—

℞ Acid. boracic., . . . gr. xij.
Aquæ camphoræ,
Aquæ dest., . . āā ʒij.

Bathe and drop in the eyes frequently.—*Med. Brief.*

CONJUNCTIVITIS.

A favorite prescription for conjunctivitis, in the Eye Department of the Jefferson Medical College Hospital, is the following:—

℞ Acidi tannici, . . . ʒss–j.
Glycerini, ... fʒj.

Sig.: Apply locally.—*Coll. and Clin. Rec.*

TYPHOID FEVER TREATED BY YEAST.

Dr. M. B. Thompson, in a recent number of an Australian contemporary, records some notes of the treatment of cases of typhoid by yeast. In all thirty-seven cases were so treated. Ten were severe, the temperature reaching or exceeding 104 degrees; eight moderately severe, temperature reaching or exceeding 103 degrees; eleven were mild, although the temperature reached 103 degrees; eight were very mild, the temperature never being above 102 degrees. In all recovery took place without any relapse. This point is worthy of note, inasmuch as, according to Fagge, the average proportion of relapses is from 2 to 11 per cent.—*Medical Press.*

GLYCERIN IN HIGH DOSES.

Catillon, at a recent meeting, remarked that, while it is true that glycerin is a triatomic alcohol, it has none of the physiological effects analogous with those of alcohol, even when given in doses as high as 40 ounces. Constantin Paul stated that he had met with the case of a man who was accustomed to take 3 ounces of glycerin daily. He presented so much cerebral excitement that it was necessary to confine him to an asylum for a considerable time. He did not use any wine or other alcoholic liquid.—*N. Y. Med. Abstr.*

PHARMACAL NOTES—ANTIDOTE FOR MORPHINE.

Kossa (Monit. Pharm., December, 1891, p. 1007), through experiments with lower animals, finds that administration of picrotoxin and paraldehyde at the same time had the desired effect. The paraldehyde was given to counteract the contraction of the respiratory muscles produced by the picrotoxin. The latter alone does not act as an antidote in morphine poisoning.—*Times and Register.*

CODLIVER-OIL.

A few grains of salt on the tongue before taking renders codliver-oil palatable, and suggests sardines. A bite of pickle before and after renders the dose acceptable.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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MEDICAL HISTORY AND BIOGRAPHY.

THE story of man's doings upon this earth should be of utmost and perennial interest. The accomplishment of great deeds, the exhibition of heroic bravery, the enunciation of profound thoughts teach us the grandeur of which human nature is capable. On the other hand, the cruel and tyrannical abuse of power, the ferocity of political and religious dissension, the barbarous rapine often associated with warfare, the manifold misery due to alcoholic excess, the phenomena of crime make us shrink with horror from the brutality which must be always latent in mankind. In the study of history we are able to multiply indefinitely our individual experience. The contemplation of such a theme is calculated to expand the mind and develop a philosophic tone of thought. From the experiments in statecraft of other times and other nations we may derive lessons applicable to our own time and country. We are enabled to estimate with justice and without prejudice the worth of movements and propositions, popularly supposed to be new, but which a knowledge of history often teaches are but repetitions of what has been elsewhere and formerly advanced. The philosophy of history is fruitful with lessons applicable to all times and states.

The basis of History is Biography. Great movements, involving masses, nations, races, or all human kind, extending their influence from age to age, owe their inception to individual actors and thinkers. *Per contra*, originators undoubtedly respond to what we vaguely term "the spirit of the age," the fashion in which men's thoughts have been shaped by events which have preceded. One age transmits its conditions to its successor. The leaders and the masses act and react upon each other. It follows that the lives of pivotal or epoch-making men are the chief element of history. From them issue the impulses which change the face of nations or create revolutions in art, literature, and science. Historical literature itself has wonderfully broadened in our day. No longer is the narrative limited to the character and doings of rulers and their instruments, but the modern historian prefers to dwell upon great movements by which the destinies of mankind have been swayed, the improvements in the social condition of the people, the exhibition of the life and manners of different periods, and the literature by which men have been swayed. The soldier and the king are no longer chief objects of interest. The splendid pomp of Louis Quatorze inflicted miseries upon his people, while the intelligent observation of Ambrose Paré banished forever the rude and painful methods of controlling hæmorrhage which had formerly prevailed.

The history of our profession should appeal to us with peculiar force. Physicians may trace their intellectual lineage for a score of centuries, and may enjoy the proud consciousness of belonging to a class which has throughout the ages labored to alleviate the miseries of mankind. In even the darkest times physicians learned liberality of thought in their observations of the processes of Nature and their intimate relationship to afflicted and unhappy fellow-creatures. Galen, wonderful for the extent of his knowledge and the penetration of his genius, rose high above the pagan superstition of his times. In the midst of that polytheism which erected altars in Rome to the deities of Egypt and other foreign countries, Galen could say: "In writing these books I compose a true and real hymn to that awful Being who made us all; and, in my opinion, true religion consists not so much in costly sacrifices and fragrant perfumes offered upon his altars, as in a thorough conviction impressed upon our own minds and an endeavor to produce a similar impression upon the minds of others, of his unerring wisdom, his resistless power, and his all-diffusive goodness." The lives of the illustrious men who have adorned our profession should inspire us,

in our individual spheres, to do what lies within us to render ourselves their worthy successor. In every generation some must be pre-eminent by force of intellect and devotion to duty. Faithful performance of trusts is, however, within the power of all, and, to their honor be it said, men of our profession are seldom found wanting, whether on the field of battle, in the pest-house, the hospital ward, in country lanes, or city alleys. The memory of our heroic predecessors should be preserved by us, and a study of the lives of great physicians gives us an outline of the course and progress of medical science. The development of medicine is understood when we study the lives of Hippocrates, Galen, Vesalius, Harvey, Sydenham, Boerhaeve, Haller, Morgagni, Hunter, Cullen, Bichat, Laennec, Louis, Graves, Trousseau, and others of that grand procession who have handed down, from generation to generation, the torch of enlightenment. Of those still happily on the stage of action in Europe and America we need say no more than that, from their contributions to the sum-total of our knowledge we form our conceptions of the actual state of the healing art as it exists at present.

An able general is powerless unless he has at his command valorous and well-trained troops. To become of practical effect the teachings of our leaders must be disseminated among the rank and file of our profession. Only when they have permeated receptive minds do their doctrines attain their most perfect utility. Thus, those who, amidst their laborious duties, scan eagerly the literature of their profession keep themselves in touch with the latest discoveries in the interests of science and humanity. Nor is the rank and file devoid of its share in furthering advance. How many of our most famous have firmly laid the foundation of their life-work in the scant leisure of country practice, far from college-halls, laboratories, and great libraries! Scattered through the towns and cities and rural districts of this country are thousands of men who observe accurately, who operate and prescribe with judgment, who safely guide the parturient woman through the crisis of her life, and who contribute not a little, moreover, to the general fund of practical knowledge. Many of these men were trained to danger on the field of battle; some have devised new operative procedures; all have embraced every opportunity for increasing their skill and acquirements. Such are the men upon whom the sick may with confidence rely, sure that every known means will be employed for their relief.

It is natural that we should feel some interest concerning the personality of a writer to whom we are indebted for entertainment or instruction, a surgeon or physician upon whom communities lean. Acumen, resolution, courage are displayed every day by men too modest, too busy, or too exhausted by the day's routine to contribute much directly to the advance or spread of medical knowledge; yet they nobly uphold the honor of the profession in the eyes of their neighbors; they alleviate distress of body and mind; they train pupils and exert a beneficial influence upon others whose more favorable opportunities may lead to more extended reputation. These are the rank and file in the best sense of the expression; and just as to college-mates the class history is a book ever dear, so to professional brethren the honor, the reputation, the usefulness of each is a matter of pride to all. Another inestimable advantage of our having a recorded knowledge of good physicians concerns both ourselves and our patients. It is frequently the case that we are obliged to send patients from home to Florida, Texas, Colorado, Minnesota, or Southern California. It is a comfort to a patient if, instead of giving a general and vague direction, to place himself under the care of a competent physician, we are able to give him the address of a man whom we can confidently recommend.

BIOGRAPHY OF AMERICAN PHYSICIANS AND SURGEONS.

MANY of the advantages upon which we have dwelt are possessed, we believe, by a forthcoming work, the prospectus of which we have examined. Dr. R. French Stone, of Indianapolis, is engaged in the preparation of a "Biography of Eminent American Physicians and Surgeons." The author's object is to include biographical sketches of the leading men of the profession in every important town or city of the United States and

Territories. The contents, for convenience of reference, are arranged in alphabetical order. The book is to be supplemented by a "Local Medical and Surgical Index," which will be a useful guide in choosing physicians for patients whom we send to distant parts of the country. The entire work is to be completed in one royal octavo volume, containing between 1000 and 1200 double-columned pages, will be ready for subscribers at the close of the present year, or perhaps earlier; published by Carlon & Hollenbeck, and adorned by numerous fine photo-engraved portraits prepared by the Whippey Engraving Company of Indianapolis. We congratulate our friends in that city upon the honorable enterprise manifested, the entire production being due to home talent.

TREATMENT OF TUBERCULOSIS BY TUBERCULOCIDIN.

THE premature announcement of Professor Koch's discovery of tuberculin, the mistaken secrecy so long maintained regarding its mode of preparation, the excitement which the proposed treatment created in the minds of the profession and the laity, the dangerous symptoms which not infrequently followed its use, its inability to destroy, but capability to disseminate the bacilli throughout the system, the relapses which took place after apparent improvement form a sensational history unparalleled, perhaps, in the annals of medicine. The hopes aroused have not, in the lapse of time, been fulfilled, and the remedy has been abandoned by most experimenters. Notwithstanding all these facts, the liquid was certainly possessed of power, and the conception which guided its introduction was in accord with scientific theory relative to the pathogenesis of infective disease and the production of immunity. It seems probable that we should regard the lymph as but the first step in a series of discoveries which may end in the successful adoption of bacterial products into the therapeutics of tuberculosis.

In the line of this reflection we have attentively perused the pamphlet in which Prof. E. Klebs, of Zürich,* describes the properties and effects of a modified tuberculin. Professor Klebs believes that the ill effects of tuberculin are due to toxic bodies which may be separated from crude tuberculin by platinum chloride and the so-called alkaloid reagents. The substance—which remains in solution, may be extracted by alcohol, and is demonstrably an albumose—represents the beneficial properties of crude tuberculin. This substance is now prepared on a commercial scale. This material can be employed, both in animals and men, in much larger doses than Koch's lymph, from the deleterious consequences of which it is said to be free. The author asserts that doses which equal 1 to 5000 of the body-weight occasion in guinea-pigs an elevation of temperature not exceeding ½° C. He has often observed that a dose of 0.5 to 1.0 cubic centimetre excites in tuberculous men no noticeable increase of temperature. In healthy animals no disturbance of the function of heat-production occurs, and the substance is destitute of depressant effects upon the heart. Nevertheless, tuberculocidin is not to be regarded as an indifferent substance. It is something far different from a diluted tuberculin. The precise nature of the deleterious constituents of Koch's lymph has not as yet been determined, but they also appear to belong to the class of albumoses, and probably are transformation-products derived from the protein substance of the bacilli. The tuberculocidin, on the other hand, is thought to be the secretion of those micro-organisms. Under certain circumstances, when very large doses of tuberculocidin were given, a transient fever rapidly developed and as abruptly subsided, without producing much general disturbance, and having none of the characteristics of a hectic or infectious fever. The explanation of this paradoxical effect consists in its mode of action upon the bacilli. It has been demonstrated by many observers that tuberculocidin occasions a degeneration of these organisms. They undergo an irregular sort of horny change. Great numbers of empty bacilli which it is scarcely possible to stain are often seen. When this degeneration takes place rapidly, a great quantity of the noxious constituents of the bacilli escapes into the system and causes an elevation of temperature. We have, in other words,

* "Die Behandlung der Tuberkulose mit Tuberculocidin." Vorläufige Mitteilung von Professor Dr. E. Klebs in Zürich. Fünfte Auflage. Hamburg und Leipzig, Verlag von Leopold Voss, 1892.

the same results as when these same substances have not been removed from crude tuberculin. This febrile process is, however, the more favorable in that it is, as has been said, evanescent, and, in fact, is dissipated by the use of larger doses of tuberculocidin.

In addition to this direct action upon the bacilli, an indirect influence must also be regarded as at least possible, viz., an alteration in the constitution of the animal which is the subject of experiment. When large doses of tuberculocidin are given to guinea-pigs some time before the injection of tuberculous material, the development of tuberculosis is delayed. A partial and temporary immunity is conferred. The normal organism possesses a certain power of defense against the invasion of the bacillus tuberculosis. In many experiments upon guinea-pigs, Professor Klebs has seen as large a proportion as 87 to 98 per cent. of the bacilli destroyed after introduction into the system. In those cases in which the natural protective power of the organism has had time and opportunity to act, small areas only of tuberculous tissue thrive and a limited growth of the bacilli occurs. The increase of tuberculous tissue, however, favors the development of the micro organisms. While the benumbed, but by no means dead, cells of tuberculous tissue inclose the bacilli, the latter are protected from the substances—deleterious to them—which are brought to the tissue by the blood-current. Necrosis of tissue leads to increase of the bacilli. The protective power is lost, and the dying tissue itself forms a good culture-ground for the micro-organisms.

In his experiments upon animals Professor Klebs has witnessed arrest and retrocession of the tuberculous process. The evidence of disease may diminish until it is only visible to microscopic inspection. The earlier the stage of infection in which it is employed, the more efficient is the action of the remedy.

In regard to tuberculosis in the human subject, Professor Klebs has notes of about one hundred cases, only seventy-five of which, however, are fully enough reported to be divisible into the usual classes of cured, improved, and unimproved. Of this number he reckons 18.6 per cent. as cured; 60 per cent. as improved; 18.6 per cent. as unimproved, and 2.6 per cent. as dead. This list does not include cases of local tuberculosis, in which, often, very good results were obtained, especially in laryngeal tuberculosis. Few cases of lupus were observed. Most of the cases were of severe, or at least well-pronounced, pulmonary tuberculosis. Brief outlines of the histories of some of these are given in the brochure. The treatment did not aggravate any cerebral symptoms which might be present. The case is cited of a young man who presented symptoms of meningeal tuberculosis and was restored to health. Pulmonary lesions, which also existed, underwent decided improvement.

Professor Klebs declares that tuberculocidin never causes necrosis of tissue or an increase and dissemination of tubercle bacilli. He has witnessed gratifying results from its use in cases of pulmonary tuberculosis marked by slight infiltration, but attended by obstinately-recurrent hæmorrhages. An advantage of the method is, that it allows the patient, provided high fever is not present, to walk about, or even pursue his ordinary avocations. As should be expected, the influence of the treatment is less decided when cavities have formed and hectic fever has developed. In tuberculosis of the skin, bones, and joints, excellent results have been obtained. Decided benefit was also secured in laryngeal tuberculosis. It has never produced, in such cases, those threatening manifestations which Koch's lymph may occasion. Dr. Max Schäffer, of Bremen, has reported encouraging results from tuberculocidin in the treatment of the localization of the disease.

We have made no attempt to give a particularized account of the individual histories quoted by Professor Klebs. In view of the importance of the subject, and—to say the least—the encouraging results secured, we have presented to our readers the essential points relative to the nature of the fluid and its mode of action. The pamphlet concludes with a series of directions for the use of the remedy.

In the Illinois State Building at the World's Fair, the women physicians, pharmacists, and dentists will prepare an exhibit.

CORRESPONDENCE.

Editor Medical Bulletin:—

In July, 1858, I treated for the first time a German patient who had diphtheria. This man was a peddler and lived in Syracuse; his name I have forgotten; he had been traveling through the southern part of Cayuga County, and about two weeks previously had been exposed to the disease. I brushed his tonsils with a weak solution of lunar caustic, gave him some sudorific, and he left for home in a very anxious frame of mind from the fatality which had attended the cases in the district through which he had passed. I saw him no more. This was my first case. A short time afterward I was called to my second case, which occurred in a girl aged 14 years. She had been visiting near Union Springs, Cayuga Couny, N. Y., and had returned to Summer Hill, Cayuga County, where she contracted the disease. I found the temperature high and great restlessness was present, with enlargement of the left tonsil and swelling of the neck contiguous to the diseased tonsil. The treatment consisted in brushing the tonsils with lunar-caustic solution, 10 grains to the ounce; a weaker solution was used on the opposite gland and fauces, which were beginning to show the exudation. The neck was enveloped in light flannel after applying petroleum upon the outside. Dover's powder and sweet spirits of nitre were used, alternating every three or four hours, as the symptoms indicated. The daily application of the caustic was made. On the fifth day I removed the loosened exudation from the left and three days later from the right tonsil; in size and thickness the membranes were as large as a dessert-spoon bowl. As soon as they were removed I used a weak solution of tincture of chloride of iron, and there was no return of the exudation. The case made a rapid recovery without those neurotic sequelæ which I occasionally found in the next year or two among cases I then treated. In the course of the fall and winter following I had some sporadic cases; but in November, 1859, the disease became epidemic, and manifested a severer type and a more dangerous train of symptoms, ending in diphtheritic croup in most of the cases which proved fatal. My observations of the disease, together with hints I obtained from the New York Medical Times, induced me to investigate its origin and study prophylaxis. Accordingly I obtained a large microscope and proceeded to investigate the exudation under the field of the lens, and found living germs, which were treated with a solution of bichloride of mercury, one or two grains to the ounce of water; also the solution of chloride of iron. These remedies I afterward used cautiously in the early stages of the disease, and, I thought, with good success, the loss being only 10 per cent. or less. Another method which I practiced in order to make the death-rate less was inhalation of medicated vapor and the use of the atomizer. One characteristic of its presentation, that of its unvarying appearance upon the left tonsil first, has been a mystery to me, unless the blood sent to that side of the neck and tonsil differs in some respects; for I think the glands must be the same right and left. Any observations you or my compeers can give showing why this is so will be gladly and carefully read.

Yours respectfully,

J. A. BEACH.

John V. Shoemaker, A.M., M.D.:—

DEAR DOCTOR: Will you kindly answer the following questions, and by so doing confer upon me a very great favor?

If on the third or fourth day of a variolous eruption a vaccination be made (and being successful), will said vaccination so modify the the attack of variola as to change it (variola) nto varioloid? If it *does not* so modify it, what change *does* the vaccination produce upon the disease? These have become mooted questions among our local physicians, and, finding nothing on the subject in your treatise on "Diseases of the Skin," I take the liberty of asking you for your opinion.

Yours very truly,

W. H. CONNELLY.

KINGSTON, N. Y.

ANSWER.—As the incubative stage of vaccinia is less than that of variola, the performance of vaccination immediately after exposure will probably prevent, or at least modify, an attack of small-pox; but, if practiced after symptoms of small-pox have appeared, vaccination exerts no effect upon the course of variola.

Editor of the Medical Bulletin:—

Incomplete sexual intercourse with the view of preventing impregnation has been widely practiced of late; yet this habit can by no means be considered as an indifferent or harmless one, either for the male or female. After such intercourse there appear organic affections, most frequently on the cervix uteri in the female; also various neuroses and hysteria. In males it produces neurasthenia. It is evident that the nervousness will most often appear in persons with an inherited nervous pathological predisposition, and also in cases of long-continued sexual and alcoholic abuse, local affections of the generative organs, etc.

Very truly yours,

S. SEILIKOVITCH.

PHILADELPHIA, 224 PINE ST.

MEDICAL NEWS AND MISCELLANY.

THE University of Paris is the largest in the world.

PROFESSOR CARL CREDE, the distinguished gynæcologist of Leipzig, is dead.

THE death is announced of Hermann Aubert, Professor of Physiology at Rostock.

THE Jewish Hospital of Philadelphia has been enriched $10,000 by the will of Joseph Muhr.

DR. R. H. FITZ has been appointed Professor of the Theory and Practice of Medicine in the University of Harvard.

MARRIED.—On June 7, 1892, at Hazleton, Pa., Jennie Martyn, daughter of William R. Longshore, to Mr. Ellerslie Wallace Engle.

A NEW building is in course of erection for the School of Medicine of the University of Buffalo. It will be a magnificent structure.

MINNESOTA STATE MEDICAL SOCIETY.—The twenty-fourth annual meeting of the Society was held at St. Paul, Min., June 15th, 16th, and 17th.

A MEETING of the British Laryngological and Rhinological Association was held at the rooms of the Medical Society of London, on March 25th.

THE gold medal given to Virchow on his 70th birthday is the largest ever made. It weighs nearly six pounds, and the metal alone is worth $1750.

THE NURSE.—A journal bearing this title has just been issued. It is published in Boston, is to appear monthly, and is devoted to the interests of nurses and the sick.

MEDICAL EDITORS.—At the annual meeting, held at Detroit, June 6th, Dr. J. C. Culbertson was elected President. Mr. George S. Davis entertained the editors at a banquet.

M. COLOMBAT has bequeathed 10,000 francs to the Paris Academie des Sciences as a nucleus for a biennial prize essay treating of diseases of the organs of speech, or deaf-mutism.

A NEW journal has been issued, entitled Archives cliniques de Bordeaux. It is to appear monthly under the direction of MM. A. Demons and A. Pitres, the secretary of the editorial staff being M. V. Dubreuilh.

MEDICAL SOCIETY OF NEW JERSEY.—The one hundred and twenty-sixth annual meeting of the Medical Society of New Jersey took place at the United States Hotel, Atlantic City, N. J., on Tuesday and Wednesday, June 28 and 29, 1892.

THE King of the Belgians has consented to be Patron of the International Congress of Gynæcology and Obstetrics, which will meet this year at Brussels. The King will open the Exhibition, and assist in person at the opening of the Congress.

MR. WILLIAM SALMON, of Pennlyne Court, Glamorganshire, Wales, recently celebrated his one hundred and second birthday. He is supposed to be not only the oldest medical practitioner in the world, but also the oldest living Freemason.

THE Illinois State Board of Health has elected the following officers for the ensuing year: President, Dr. W. A. Haskell; Secretary, Dr. F. W. Reilly; Treasurer, Dr. A. L. Clark; Auditing Committee, Drs. W. R. McKenzie and D. H. Williams.

ORCHITIS FOLLOWING INFLUENZA.—Dr. T. Gordon Kelley (London Lancet) reports a case of influenza of moderate intensity, followed on the eleventh day by orchitis. The patient had been confined to his room, and had no urinary trouble. Recovery took place, under appropriate treatment, in about three weeks.

DR. B. MERRILL RICKETTS, of Cincinnati, is engaged in translating the work of L. Ollier, of the Hôtel Dieu, of Lyons, upon "The Experimental and Clinical Study of the Regeneration of Bone and of the Artificial Growth of Bony Tissues." Dr. Ricketts hopes to have the book ready for the publisher some time during the coming winter.

DR. JOHN V. SHOEMAKER sailed for England, Saturday, July 2d, by the Cunard steamer "Umbria." During the editor's absence of three months he expects to attend the meetings of the British Medical Association at Nottingham, July 26th; the International Dermatological Congress at Vienna, and several other foreign medical gatherings.

BRITISH PHARMACY has lost an illustrious exponent in the recent death of Theophilus Redwood in the 86th year of his age. He was long a professor in the College of Pharmacy of London, and for many years was one of the editors of the Pharmaceutical Journal and Transactions. He contributed largely to the British Pharmacopœias of 1867, 1874, and 1885, and was editor of the English edition of Mohr's "Practical Pharmacy."

CHILD MARRIAGE IN INDIA.—A memorial signed by fifty-five lady physicians has been handed to the Viceroy and Governor-General of India. Among the many accidents resulting they cite dislocation of femur, hæmorrhages, paralysis, complete laceration of perineum, dislocation of pubic arch, etc. The child-wives were from 7 to 12 years of age. The petitioners ask the passage

of a law forbidding marriage prior to the age of 14 years.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—At a special meeting of the Board of Trustees, Dr. W. Frank Haehnlen, Demonstrator of Obstetrics at the University of Pennsylvania, was elected Professor of Obstetrics; Dr. W. Easterly Ashton, Lecturer on Gynæcology at the Jefferson Medical College, Professor of Gynæcology; Dr. Chas. M. Seltzer, Professor of Hygiene; Dr. H. H. Boom, Adjunct Professor of Chemistry; Dr. B. T. Shimwell, Adjunct Professor of Operative Surgery.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of the American Medical Association, held at Detroit, Mich., June 7th, 8th, 9th, and 10th, was one of the most successful sessions of recent years. The number of original papers offered and read were unusually large. The sections were well attended. Dr. Hunter McGuire, of Richmond, Va., was elected President. The trustees selected were Drs. Garecelon, Millard, Conner, and Pattison. Milwaukee, Wis, was named as the next place of meeting in 1893.

INTERNATIONAL DERMATOLOGICAL CONGRESS IN VIENNA.—The second meeting of the International Dermatological Congress will be held in Vienna, from the 5th to the 10th of September, 1892. Many of the most distinguished representatives of dermatology and syphilography from all countries have promised to present papers, and the indications are that the meeting will be a great success, from a scientific standpoint. The committee on organization, through the president, Professor Kaposi, has extended a cordial invitation to the members of the American Dermatological Association and of the New York Dermatological Society, and others interested in dermatology in this country, to be present. The membership fee, $5, should be sent, with titles of papers intended for presentation, to the Secretary for North America, Dr. Prince A. Morrow, 66 West Fortieth Street, New York, or to the Secretary-General of the Congress, Dr. Gustav Riehl, Wien $\frac{1}{20}$, Bellaria Strasse 12.

LARYNGEAL PARESIS AFTER INFLUENZA.—Dr. Marcellin Cazaux records a case (Rev. Gén. de Clin. et de Thér., June 10, 1891) in which paresis of the glottis-openers followed influenza. The patient was a girl, aged 21, who, with the exception of two or three slight and transient attacks of aphonia, had enjoyed good health till December, 1889, when she suffered severely from influenza. In the course of the attack she began to suffer from dyspnœa with inspiratory stridor, and, after her recovery from the influenza, this symptom persisted till July, 1890, when she came under the notice of Dr. Cazaux. The dyspnœa was always well marked, but there was from time to time alarming exacerbations. The voice was clear, and expiration was unobstructed. No cause of compression of the trachea, bronchi, or recurrent nerves could be discovered, and the thoracic organs appeared to be sound. On laryngoscopic examination, it was seen that the ligamentous part of the glottis opened incompletely during inspiration. The diagnosis of paresis of the crico-arytænoïdei postici muscles was arrived at, and the following treatment ordered: Daily applications of the continuous current to the recurrent nerves, and sulphate of strychnine in 1-milligramme pills—from 4 to 10 of these to be taken daily till intolerance was manifested. In three months the patient was completely cured.—*Brit. Med. Jour.*

IN the recent death of Joseph Hasner, German ophthalmology has lost a man of eminence. He was born at Prague, August 13, 1819, obtained his doctor's degree in 1842 from the university of his native city, and in 1844 succeeded Arlt as assistant to the eye clinic of Professor Fischer. In 1852 he was made Extraordinary Professor, and in 1856, when Arlt was called to Vienna, Hasner was created Ordinary Professor of Ophthalmology at Prague, and began his most fruitful period as a teacher and investigator. His clinic was the resort of many students and physicians, both of his own and foreign countries. As a lecturer, Professor Hasner exerted a powerful influence over his hearers. He was noted for the lucidity of his explanations and his ability to invest with interest the driest theme. He was unexcelled as an operator. To his assistants he was unusually liberal, and was in the daily habit of assigning to them some portion of his operative work, while he stood by as superintendent. He was an admirable diagnostician. Professor Hasner took great interest in the history of medicine, and especially of Bohemian medicine. In 1884 he resigned his professorship. Not long was he permitted to enjoy a well-earned leisure in his beloved home, near Prague, and the society of his friends. The last four years of his life were afflicted with a painful and wasting illness.

GONORRHŒA.—My idea about gonorrhœa is that we should treat it just as we do an acute abscess; that is, by drainage, with just as much asepsis as possible. Let the urethra hang downward with a bag of some sort loosely attached to it to catch the discharge. Do not have it tightly bandaged or plugged up with cotton. In a specific urethritis, where the inflammation has extended into the deeper layers of the epithelium, the various bichloride and zinc injections are not likely to do much good. In an ordinary, non-specific urethritis, however, where the inflammation is superficial, you can inject with good re-

sults. There are certain remedies which will increase the amount of urine and render it aseptic, so that you can use the bladder as an irrigator in gonorrhœal inflammation. Among these remedies is boracic acid, or, better still, the oil of gaultheria. This drug will absolutely sterilize the urine. You can give 5 or 6 drops every three or four hours. During the later stages of the inflammation, mild solutions of the subacetate of lead can be used, which will help keep the urethra clean. A syringe with a short nozzle should be employed, so as to only just enter the meatus. The injection should be of moderate size, so as not to overdistend the urethra. During the acute stages, I instruct my patient to take a warm sitz bath night and morning. When the acute stage has subsided, the administration of some of the so-called blennorrhetics will be found beneficial.

I have found the capsules containing Santalmidy, a preparation made from sandal-wood, a very good thing. I consider these superior to the old-time cubeb preparations, which are liable to disturb digestion.—Dr. John A. Wyeth, at the New York Polyclinic, in *Doctors' Weekly*.

Banquet to Professor Charcot.—In commemoration of his promotion to the rank of Commander in the Legion of Honor, an entertainment was given to the illustrious professor by his pupils. The invitations were limited strictly to the internes, past and present, and *chefs de clinique* of the services auxiliary to the clinic for diseases of the nervous system. The associates were thirty-five in number,—men whose distinction reflects honor upon their master. Those present were, named in the chronological order in which they had served under Professor Charcot: V. Cornil, Bouchard, Bourneville, Joffroy, Gombault, Debove, Pierret, F. Raymond, Pitres, Oulmont, P. Richer, Brissaud, Ballet, Féré, Marie, Gilles de la Tourette, G. Guinon, Babinski, Berbez, Blocq, Huet, Dutil, Parmentier, Souques, J. B. Charcot, Hallion, Gasne, Guyon, Lamy, Londe, Collinet, Landowski. The chiefs of the auxiliary clinics were: Vigouroux (electro-therapy), Parinaud (ophthalmology), Gelle (otology), Galippe (odontology), and Londe (photography). At the conclusion of the dinner, addresses testifying to their respect, admiration, and affection were made by Professor Cornil, Professor Pitres, of Bordeaux; M. Joffroy, M. Galippe, and M. Dutil. Professor Charcot, deeply moved, made a brief reply, recalling the labors of thirty years at Salpêtrière with his pupils, and ending with the following words: "In concluding, my dear friends, allow me to express to you my gratitude for the extreme pleasure which you have given me in assembling around me to-day. In looking upon you all, the old as well as the young, so full of force and vitality, I seem by the contact to renew my youth and feel myself full of hope. I drink to the prosperity, past, present, and future, of the School of Salpêtrière."—*Le Progrès Médical*.

Changes in the Faculty of the Medico-Chirurgical College.—At a meeting of the Board of Trustees of the Medico-Chirurgical College, Dr. W. Frank Haehnlen was appointed Professor of Obstetrics and Dr. W. E. Ashton Professor of Gynæcology.

Dr. W. Frank Haehnlen, the new Professor of Obstetrics, graduated from the Medical Department of the University of Pennsylvania in 1882, and became Resident Physician in the Philadelphia Hospital. At the expiration of his term of services he resumed his studies at the University, and, in 1884, received the degree of Doctor of Philosophy from that institution, and was awarded the George B. Wood alumni prize for his graduation essay. He was elected Assistant Demonstrator of Histology at the University in 1884, and in 1885 went abroad, pursuing his special line of work in obstetrics and gynæcology in The Hospital for Women, in London, and also in Berlin, Vienna, and Paris. On his return he engaged in private practice. In 1887 he was elected Quiz-Master in the Medical Institute here, and in 1888 was chosen Lecturer and Instructor in Operative and Clinical Obstetrics at the University of Pennsylvania. Subsequently he resigned his position in the Medical Institute. Dr. Haehnlen is the Professor of Botany at the Temple College, Physician-in-Charge of the Samaritan Hospital, Gynæcologist to St. Mary's Hospital, Chief of Gynæcological Clinic in the German Hospital, and Pathologist to the Lying-in Charity.

Dr. W. E. Ashton, the new Professor in Gynæcology, is about 30 years of age, and has also won distinguished honors. He graduated in the arts' course at the University of Pennsylvania, and took a course in medicine at both the University of Pennsylvania and the Jefferson Medical College.

He was then appointed Teacher in Gynæcology in the Jefferson College with Dr. Theophilis Parvin, and was recently chosen Lecturer in that department, in connection with Dr. Parvin and Professor Montgomery.

The other officials elected were: Dr. Charles M. Seltzer to the position of Professor of Hygiene; Dr. H. H. Broom, Demonstrator of Hygiene in the Medico-Chirurgical College, was elected as adjunct to Professor in Chemistry, and Dr. B. F. Shimwell, a Lecturer on Fractures and Dislocations at the College, was chosen an adjunct to the Professor of Operative Surgery.

The following changes have taken place in the resident staff of the hospital: Dr. W. Newbold

Watson and Dr. Harry L. Clayton have been elected Resident Physicians, vice Dr. Foster Frutchey and Dr. Andrew Hunter, whose term of service has expired.

Thomas B. O'Reilly has been elected Pharmacist of the hospital.

Dr. Foster Frutchey sailed on the 15th of June for Vienna, to devote one year to the study of surgery in the famous hospitals of that city.

NEW MEXICO is about to build an insane asylum.

ODOR OF THE SKIN.—Dr. Torras Pascual writes: "There is the cognate and very large subject, the odor emitted by the healthy skin of the most scrupulously clean, and the singularity that it not only differs so widely in people of different nationalities, but in individuals. And it is even more strange that, whilst we are painfully aware of it in others, we are quite unconscious of our own. To Europeans the odor of the Negro, and especially of the Chinese, is intolerable, but the latter declare that we are in that, as in many other respects, the most offensive of neighbors. And then, too, the speedy insensitiveness of the olfactory organ: we enter a crowded room, the smell is abominable, but, if we remain, in a few minutes to us it has ceased to exist. And we all know that we cannot go on smelling musk: the first whiff, it is the strongest of perfumes, at the second we hardly perceive it, and at the third it has gone. And a well-tubbed gentleman can scarcely be brought to believe that he emits any smell whatever; yet his dog tracks him thereby for hours after they have been separated. Scrofula or a tendency thereto seems to accentuate the axillary odor in a remarkable degree, but as this depends so much upon care in ablution it is not pathognomonic. To refined people any personal peculiarity of the kind is repulsive, but amongst animals it has exactly the opposite effect, and it is strange to see the eager enjoyment with which dogs sample the odor of their kindred, and the pains they take in their impartial reciprocation."

THE Nebraska State Medical Society met at Omaha, May 10th.

DR. H. H. KNAPP, Superintendent of the Kansas State Insane Asylum, at Osawatomie, has tendered his resignation—to take effect July 1st. He has held the position nineteen years.

AN HYGIENIC LABOR CONGRESS.—The next annual meeting of the French Labor Party is to be devoted to a discussion of hygiene as it effects the workingman. The subject is to be divided into three parts,—food, habitations, and workshops,—on each of which there will be a general discussion, opened by a recognized sanitary authority and continued by the delegates.—*Med. Record.*

TO THE OUTGOING STAFF.

BY GERTRUDE STUART BAILLIE.

Fifteen months! Domendidio, how Time has passed!
And this night is, perchance, the last
You will spend behind gray walls of stone,
Embodying a varied population of their own.
The last in "Blockley,"—that amalgamated town
Of prehistoric date and much renown.
The improvised receptions on the Doctors' floor;
The pertinent, impromptu toasts are yours no more.
You bid adieu to all, without a tear,
Pleased with the prospect of Ambition's atmosphere;
And yet, methinks, wafted by Memory's gentle gale,
Back to the stream of Time you'll turn your sail,
And, anchoring, take a retrospective view
Of the quaint old place that gave so much to you.
Of "Receiving Ward" you each have had a share,
Assigning, in stolid silence, patients here, now there;
And they, in turn, not the least abashed or ill at ease,
Would often make suggestions, if you please!
Are each familiar with the loud, fierce knock,
That woke you from your slumbers with a shock,
Calling you from your own warm room,
Out into the night and uncongenial gloom,
To the "Receiving Ward."
Next! Let me think!
Ah, yes! taking histories,—a custom you fain would sink,
'Tis well understood,
Into innocuous desuetude.
'Tis, at best, a most desultory task,
For, when questions you begin to ask,
The patients, instead of giving you their history,
Prefer to wrap themselves in mystery;
And you, forsooth,
Must be content with half the truth.
At "Insane" six weeks you spend,
Trying to unravel the tangled end
Of reason;
And, by the various arts
Which medicine imparts,
Endeavor to dispel the cloud
Enveloping some memory like a shroud,
Till Allah lets Thought's curtain fall,
When Darkness dies and Light illumines all.
Six weeks at "Maternity,"
Where, upon Life's inconstant sea,
You launch frail, nameless barks without paternity;
No helm to guide them in a storm,
They soon lie wrecked—and more are born.
Surgery, D. O. W. and medical.
Your term is ended;
Theory and practice have been well blended.
And so, in a bumper of health, we quaff
Prosperity and happiness
To the Outgoing Staff.

LEWIS POTTER BUSH, A.M., M.D., LL.D.—In the death of Dr. Bush the profession in Delaware has suffered a great loss. He was an active sanitarian, a member of the State Board of Health, of the American Medical Association, and the American Academy of Medicine. In early days he served as a member of the staff of the Philadelphia Hospital, contemporaneously with the eminent Professor Stillé, and these two great men held each other in mutual admiration from that time. His hospital life gave him great advantage in physical diagnosis, and his trained ear was rarely at fault. This, coupled with his great learning and experience and his strict professional integrity, made his services to the younger members of the profession invaluable. In fact, his many virtues and attainments, his talents, his learning and profes-

sional skill, caused his long life to be a singularly useful one, and he has come to his grave in full age, "like as a shock of corn cometh in his season."

SUDDEN DEATH FOLLOWING A SLIGHT BLOW UPON THE LARYNX.—In Spokane, Wash., a boy aged 10 years was accidentally struck by a small, sharp-pointed piece of stick. After walking a short distance he fell unconscious and died in half an hour after receipt of the injury. Dr. C. E Grove, who, with other physicians, saw the case very shortly after the accident, says that the only evidence of local injury was two small blue spots on the skin over the cricothyroid space; palpation failed to find any lesion. The parents would not allow an autopsy to be made. Dr. Grove suggests that death may have been due to an impression conveyed by reflex action to the respiratory and vascular centres through the recurrent laryngeal nerve.—*Occidental Med. Times.*

DEATH OF DR. MEYMOTT TIDY.—We greatly regret to have to record the death of Dr. Meymott Tidy, the well-known official analyst to the Home Office, medical officer of health for Islington, and the author of a great work on "Medical Jurisprudence." Dr. Meymott Tidy had for many years occupied a foremost position as a medical jurist and as an expert in chemical and sanitary questions on behalf of the government and before Committees of the House of Commons. Dr. Tidy had done much by his lectures, at the Inns of Court and elsewhere, to impress the value of scientific chemical and medical opinions in dealing with mixed cases of the kind, and of the importance to barristers of giving due weight to scientific opinion and research in such cases. He was a man of clear and vigorous thought, considerable reasoning power, and with a capacity for forcible exposition of his views. His taste for the legal aspect of scientific questions was such that he had recently qualified as a barrister, and had declared the intention of taking up Parliamentary practice in that capacity. Rapidly advancing ill-health, however, thwarted the intention, and he died on March 15. At a House of Lords Committee, on Wednesday, Mr. Pember, Q. C., in announcing the death of Dr. Tidy, remarked that his career had been particularly honorable to himself, in that his position had been due to no accident of birth or education.—*British Med. Journal.*

A MEETING of the Kansas State Medical Society was held at Fort Scott, Wednesday and Thursday, May 4th and 5th.

DR. GEORGE YEOMAN HEATH, Professor of Surgery for many years in the Newcastle Medical School, of which he was one of the founders, departed this life at his country residence, near Durham. Dr. Heath devoted himself entirely to surgery, and was widely known as a bold and skillful operator. His position will be hard to fill.

MR. JONATHAN HUTCHINSON, F.R.S., has been elected President of the Medical Society of London, and Mr. Marmaduke Sheild and Dr. William Pasteur Secretaries for the ensuing year.

NEW YORK'S GREAT FOOD EXPOSITION.—The citizens of New York propose to celebrate the discovery of America in their own way, assisted by representatives from every State and Territory in the Union. A great food show is to be held at Madison Square Garden in October of this year. It is proposed at this Exposition to show the progress made by this country in the last four hundred years as regards our food supply. The United States is the greatest food-producing country in the world; and, as food is the one thing above all others that first claims the attention of the human family, it is safe to predict that the coming Exposition will prove one of the most interesting events of the century.

This is the only affair of the kind ever held in the world, not even excepting England. Only food products will be allowed on exhibition, exhibitors being restricted to manufacturers or producers, no dealer, as such, being allowed to participate. Every article of food exhibited must bear the bona fide name and address of manufacturers, all fictitious brands being rigidly excluded. Liquors, specifics, and patent medicines will not be allowed. Every manufacturer exhibiting must guarantee that his goods at the Exposition are the same as is offered for sale to the public.

DR. A H. PAQUET, Professor of Clinical Medicine in the Laval University of Montreal, died recently.

PROFESSOR W. T. GAIRDNER, OF GLASGOW.—This year Professor Gairdner completes a period of thirty years' continuous service rendered to the University of Glasgow as Professor of the Principles and Practice of Medicine. To commemorate this fact, as well as to place on record their affectionate esteem and regard for him, many of his former pupils, still resident in Glasgow, have formed a committee, and propose to present to the University a portrait of her distinguished professor, a replica being presented to Dr Gairdner's family; it is intended, also, to found a medal or scholarship in clinical medicine in the University. The commission to paint the portrait has been accepted by Sir George Reid, President of the Royal Scottish Academy.

MR. ARTHUR E. BARKER has been appointed Professor of Clinical Surgery at University College, in the room of Mr. Berkeley Hill.

PEROXIDE OF HYDROGEN AS A DISINFECTANT OF WATER.—Dr. Altehoefer, after giving references to the literature of the subject, gives his own researches on the disinfective power of H_2O_2 dissolved in water. He finds that the addition of 1 per 1000 to ordinary drinking-water containing sewage, or to water containing the typhoid bacillus or the cholera bacillus, is quite sufficient to destroy the various saprophytic and pathogenic organisms contained under these conditions, if it is allowed to act for a period of twenty-four hours. It is specially valuable for the disinfection of drinking-water because it does not affect the taste, does not alter the color, and in the proportion mentioned is perfectly innocuous. As regards cost, he calculates that sufficient drinking-water—say, 10 litres—may be sterilized by means of H_2O_2 at a cost of about 2d. per diem.—*Quarterly Therapeutic Review.*

BOOK REVIEWS.

Influenza: its History, Etiology, Pathology, Diagnosis, Complications, and Treatment. By CHARLES H. MERZ, A.M., M.D., of Sandusky, Ohio. Sandusky: Press of L. J. Beecher & Co., 1892.

In this little work, the scope of which is indicated by the title-page, the author has brought together a mass of observations which have accumulated during the last three years. Widely scattered through many periodicals, it is useful to have them epitomized for ready reference. The work is well up to the times in regard to the etiology and treatment of the disease.

Bulletin of the Harvard Medical School Association. No. 2. Catalogue. Published by the Association. Boston, 1892.

Books of this kind, dry to the outside public, are of interest to graduates of the institution. Lists of fellow-students take us back to our under-graduate days. We see again those with whom we sat side by side in the lecture-room, and with whom we worked in dissecting-room and laboratory. We may not have seen them since the day of graduation, but we like to know their location and the professional positions to which they have attained.

Annual of the Universal Medical Sciences: A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors, etc. The F. A. Davis Company. Philadelphia, 1892. Volumes I, II, III, IV, and V.

Of this estimable publication, Volume I for 1892 contains abstracts of the latest literature relative to diseases of the thoracic and abdominal viscera, diseases of the digestive organs in children, the eruptive fevers, and other general maladies. In the section on "Diseases of the Lungs and Pleura," allusion is made to the important experiments of G. and F. Klemperer upon the immunity against pneumonia, and those of Foà concerning the prevention of that affection. Foà has obtained a substance from a culture of the pneumococcus which, when introduced into the rabbit for three or four days, so modifies the constitution of the animal that it cannot be infected with the diplococcus. As regards tuberculosis, the latest contributions have established inheritance as a source of infection in certain rare instances. Other important investigations relating to tuberculosis are upon its invasion by inhalation, by the alimentary tract, and by the skin. Voelcker reports three cases of tuberculosis of the mediastinal glands invading the lungs, all of which occurred in children under 2 years of age. In the section on "Diseases of the Heart and Blood-vessels," a summary is given of an interesting discussion before the Medical Society of London, on the subject of angina pectoris. A number of pages are devoted to the consideration of disease of the muscular structure of the heart. An important review is given of the subject of essential tachycardia. Very little is yet known of the etiology of this affection, and very few autopsies have been made, while their results have been negative. Under "Diseases of the Mouth, Stomach, Pancreas, and Liver," an account is given of the many valuable investigations which have been published regarding diseases of these viscera. Segers has studied cirrhosis of the liver as manifested among the Fuegians, and believes that poisoning by mussels is a frequent cause of the disease. A full account of the recent literature upon diabetes mellitus is given by Dr. Allen J. Smith, of Galveston, Texas. The chapter on Fevers is under the supervision of Dr. James C. Wilson.

Volume II treats of diseases of the brain and spinal cord; mental and nervous diseases; affections of the genito-urinary tract of females; diseases of complicating pregnancy, of the newborn, of infancy and childhood, etc. The text is illustrated by a number of plates showing the position of the cerebral convolutions and their relation to the skull-cap, and the position of lesions of the cerebrum. The reader will receive much information of assistance in the diagnosis of cerebral lesions. The important subjects of epilepsy and multiple cerebro-spinal sclerosis have been the subject of some important communications, the substance of which is given. Syringomyelia has also been the subject of much study, an abstract of which is given in this volume. Peripheral nervous diseases and that curious malady, acromegaly, receive full atten-

tion. The latest researches upon diseases of the blood and spleen are brought together by Drs. F. P. Henry and Alfred Stengel.

Volume III deals with surgical subjects. The surgery of the brain, spinal cord, and nerves is supervised by Dr. John W. Packard; of the abdomen, by Dr. J. William White; of the rectum and anus, by Dr. Charles B. Kelsey, of New York; of the genito-urinary apparatus in the male, by Dr. E. L. Keyes, of New York; syphilis, by Drs. J. William White and Edward Martin; orthopædic surgery, by Drs. Lewis A. Sayre and Riginald H. Sayre, of New York; amputations, etc., by Drs. P. S. Conner and Leonard Freeman, of Cincinnati; fractures and dislocations, by Lewis A. Stimson, M.D., of New York; surgical mycoses, by Dr. Ernest Laplace; anæsthetics, by Dr. J. M. Barton, etc. The limit of space necessarily forbids a full reference to the contents of the volume, but the names we have cited give ample promise that the selections will be carefully made and will represent what is new and most valuable upon the topics to which they relate. We have presented in this number the latest experience and conclusions upon the advisability of trephining for epilepsy. The literature of abdominal surgery continues abundant. The reader will find, in the section devoted to that subject, the conditions and the results of operations involving the stomach, bowel, and solid viscera of the abdominal cavity. A new method of securing intestinal anastomosis is described by Dr. W. S. Halsted, of Johns Hopkins, Baltimore. Other experiments upon intestinal anastomosis are described by W. J. Gillette, R. H. M. Dawbarn, D. D. Crowley, and others. Appendicitis still continues to elicit numerous valuable papers. In the section upon Syphilis, the diagnostic points of syphilitic re-infection are given by Fournier, while pigmentary syphilides, circumscribed atrophy of the skin after secondary syphilis, syphilitic pleurisy, syphilis of the alimentary tract, hereditary syphilis, etc., are treated of by different writers.

Volume IV is devoted to Dermatology, Ophthalmology, Diseases of the Larynx, Legal Medicine, Demography, Bacteriology, etc. Dr. Van Harlingen has collected all important papers relating to diseases of the skin, and Dr. Charles A. Oliver those upon diseases of the eye. Diseases of the larynx, trachea, etc., are under the supervision of Dr. J. Solis-Cohen.

Volume V gives us all the late investigations relating to the action of drugs upon human or animal subjects.

We have, in this admirable publication, faithful abstracts of papers by leading men of science throughout the world. No medical library should be without the ANNUAL. Every physician should be interested in the literature of his profession, and in these volumes the reader finds an epitome of the current medical literature of every civilized country in the world.

How to Feel the Pulse and What to Feel in it. Practical Hints for Beginners. By WILLIAM EWART, M.D., Cantab., .R.C.P., Physician to St. George's Hospital, etc. New York: William Wood & Company, 1892.

Here we have a little work, of one hundred and seven pages, upon a theme of decided importance, especially to young practitioners. It is to be feared that the present generation, in their customary use of instruments of precision, have measurably neglected the study of the pulse and the tongue. Dr. Ewart's book is interesting, clear, and practical. The mode of feeling the various pulses, and, above all, the interpretation of the meaning of the pulse, are arts which are of value to both physician and patient.

The Surgical Diseases and Injuries of the Stomach and Intestines. By F. BOWREMAN JESSETT, F.R.C.S., Surgeon to the Cancer Hospital. Bailliere, Tindall & Cox, 20 and 21 King William Street, Strand, London, Eng., 1892.

Mr. Jessett, widely and favorably known on this side of the Atlantic, tells us in the preface that his attention was drawn to intestinal surgery by the researches of Professor Senn. From a study of these he was induced to make a series of experiments on the subject, the results of which were briefly comprised in a short series of lectures delivered at the Cancer Hospital. These lectures have been elaborated into a systematic exposition of the subject by introducing the researches and experiments of others who have made this branch of surgery their study. The author calls attention to the paramount importance of an early diagnosis of the different forms of intestinal obstruction. The authors had the advantage of the co-operation of Professor Victor Horsley in his experimental work. The book contains four lectures upon surgical diseases of the stomach and of the intestines, surgical diseases and injuries of the intestines, and operations on the intestines. Mr. Jessett has written a valuable little work; his experiments are described and the conclusions to which they led him are stated, the lessons derived from experimental study being illustrated by reference to clinical cases.

Sixth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania. Edwin K. Meyers, State Printer, Harrisburg, Pa., 1891.

After the report of the Secretary, Dr. Benjamin Lee, of Philadelphia, and the minutes of meetings of the Board, a number of appendices are added, constituting the chief portion of the work. While

everything relating to the public health and the work of a State Board of Health is of decided importance, we may be permitted to signalize certain papers as containing matter of more than usual importance. Among these are: "Report of the Committee on Preventable Diseases and the Supervision of Travel and Traffic;" "Report of the Committee on Water Supply, Drainage, Sewerage, Topography, and Mines;" "Report on Leprosy;" "Sulphur Disinfection and Moisture," etc. The volume also contains the results of numerous inspections made by order of the Board, and the proceedings of the National Conference of State Boards of Health; of the Section on State Medicine of the American Medical Association; of the Tri-State Sanitary Association; the State Sanitary Convention, etc.

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, etc. New edition, revised and enlarged, with numerous illustrations. New York: D. Appleton & Co., 1892.

Professor Lusk is too well known as a teacher of obstetrics to require an introduction or any words of commendation. In this moderately-sized, beautifully-printed, and well-illustrated volume, he describes the physiological anatomy of the female generative organs, the physiology of the ovum, of pregnancy, and labor. The diagnosis and pregnancy receive just attention from the author. The physiology of labor and its clinical phenomena form the subject of chapter vii, and three succeeding chapters are given to the mechanism of labor. The conduct of normal labor is discussed in chapter xi. Chapter xiii discusses the puerperal state. Succeeding sections are devoted to the pathology of pregnancy, obstetric surgery, pathology of labor, and diseases of childbed.

The Erl Queen. By NATALY VON ESCHSTRUTH. Translated by EMILY S. HOWARD. Illustrated. 1 vol., 12mo. Cloth $1.25, or paper 75 cents. New York: Worthington Co., 747 Broadway.

A very pretty story by the now famous author of "The Wild Rose of Gross-Stauffen," noteworthy for the keen and subtle psychology displayed by the novelist in her analysis of the human heart. This poetic love-tale treats of the fortunes of a beautiful, but spoilt young heiress and her adorer, a young naval officer. The different complications that ensue, the plot, courtship and mischief-making are well told; among others, the descriptions of sea-life are admirable. Court-life is well sketched,—the bluff sailor, Prince Leopold, especially. The translator has a musical style, and has given us a book of unusual excellence.

CURRENT MEDICAL LITERATURE

Sonderabdruck aus Therapeutische Monatshefte. Herausgegeben von Dr. Oscar Liebreich unter Redaction von Dr. A. Langgaard und Dr. S. Rabow. Verlag von Julius Springer in Berlin N.

Relation of Gynæcology to Neurology. By Wm. B. Dewees, A.M., M.D., of Salina, Kansas. Read in the Section of Obstetrics and Diseases of Women at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D.C., May, 1891. Reprinted from the Journal of the American Medical Association, June 13, 1891.

Epidemic Influenza of 1861 and 1863, and of 1889–90.

The Vagus Treatment of Cholera, as exemplified in returns from the cholera hospitals of Malta, during the epidemic of 1887. By Alexander Harkin, M.D., F.R.C.S.; Consulting Physician, Mater Infirmorum Hospital, Belfast; Membre de la Société Française D'Hygiène, Paris et Quebec.

Tobacco Amblyopia. By Leartus Connor, A.M., M.D., Ophthalmic and Aural Surgeon at Harper Hospital and Children's Hospital, at Detroit, Mich.

The Post-Mortem Imbibition of Poisons in its Medico-Legal Bearings. By John J. Reese, M.D., late President of the Medical Jurisprudence Society of Philadelphia, and Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc.

Flat-Foot: A New Plantar Spring for its Relief. By A. Sydney Roberts, M.D., Fellow of the College of Physicians of Philadelphia; ex-Vice-President of the American Orthopædic Association, etc.

Sanitary Entombment: The Ideal Disposition of of the Dead. By the Rev. Charles R. Treat, Rector of the Church of the Archangel, New York City.

Ten Attacks of Appendicitis within Eleven Months. Operation: Cure. By Eugene P. Bernardy, M.D.

Persistent Headaches, and How to Cure Them. By Julian J. Chisolm, M.D., Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon-in-Chief to the Presbyterian Eye, Ear, and Throat Charity Hospital of Baltimore City.

The American Academy of Medicine: its Objects, its Signs of Promise, and its Obstacles; its Field of Work, and some Suggestions Looking to an Increase of its Efficiency. By Leartus Connor, M.D., A.B.

Further Observations on Malarial Keratitis. By Charles J. Kipp, M.D., Newark, N. J.

Vaginal Hysterectomy. By E. E. Montgomery, M.D., Philadelphia, Pa.

COMMERCIAL NEWS.

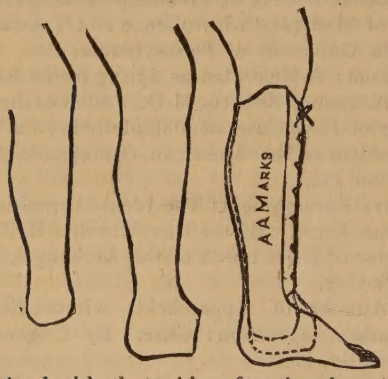
A New and Practical Use for Aluminum.

On the 8th day of March letters-patent were issued to the firm of A. A. Marks, of New York, for artificial limbs constructed in part of aluminum.

This metal, with its unlimited uses, seems to be peculiarly adapted for surgical appliances, instruments, and artificial limbs: its low specific gravity, together with its great comparative strength, are qualities that are desirable to be combined in an artificial leg or arm, and we predict a very large demand for the new aluminum limbs just about to be put upon the market by this enterprising house.

There are amputations of the lower limbs that surgeons deem desirable to make in order to remove a part or the whole of a diseased or injured foot without sacrificing more of the member than the parts involved. We refer to amputations technically termed tibio-tarsal, tarso-metatarsal, and medio-tarsal. These amputations have always been in disfavor with artificial-limb makers, who have almost to a unit decried their license, and in too many instances have persuaded the surgeons to sacrifice much of a healthy leg merely to obtain a stump that would better accommodate the artificial limbs that they were able to produce.

The new artificial leg constructed of aluminum,



combined with the rubber foot, is adaptable to the above-enumerated amputations. The socket of aluminum incases the stump, and, on account of the strength of the metal, the socket does not increase the diameters of the ankle to an objectionable degree in order to obtain the requsite strength; the metal is cast into the proper shape to give ease and comfort to the wearer; the aluminum socket is terminated by a rubber foot, which not only produces the simulation of the natural foot, but provides a soft, springy medium to walk upon, and a resistant, phalangeal ball to rise upon while walking, running, or ascending stairs.

It is obvious that, by this invention, the amputation can be conditional upon the injury, and the artificial limb conditional upon the amputation. In this alone the invention of the aluminum and rubber leg will prove not only a boon to the man who has suffered the amputation, but the solution of a problem that has many times perplexed the operating surgeon, as it eliminates all the objections heretofore pressed against amputations in the region of the tarsus. The surgeon may thus rejoice in being able to observe the old and consistent law of amputating, with the least sacrifice.

Aluminum also plays an important part in the construction of strong and durable artificial arms. The socket of an arm being made of that metal is light and strong, and will enable the wearer to subject the artificial arm to severe uses without danger of destruction. It will not crack from overstrain like wood; it will not become soft and limpsey or foul from perspiration like leather; it is lighter than any other metal, and is amply strong for every purpose.

These inventions will unquestionably mark a new era in the industry, and add much to the prestige of the house that has already achieved distinction in its humane work.

City Position.

An experienced oculist may hear of an unusually good opening with one of the oldest concerns in Philadelphia by addressing

"Sight,"
Care The Medical Bulletin,
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Chronic Bronchitis.

℞ Tinct. nucis vom., . . 1 drachm.
Tinct. sanguinariæ, . . 1 "
Kennedy's Ex. Pinus Can. (dark), ... 4 drachms.
Syrup. simp., ... 4 ounces.

Of this a drachm should be taken every four hours.

A. R. de Escarra, M.D., Paris, France, says: "With S. H. Kennedy's Extract of Pinus Canadensis, the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure Pinus Canadensis on hydrophile cotton plugs. In two cases of inveterate leucorrhœa, which resisted various well-chosen remedies, the improvement was truly marvelous; so much so, that I asked myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the Pinus Canadensis in all cases where I thought its action was clearly indicated."

(Continued on page 18 of advertisements.)